

"No-Show" Agreement

The following represents a legal agreement between FCO and the patient, _____.

I understand that by making an appointment for a follow-up evaluation or an in-office injection procedure, I am agreeing to be present at the arranged time for this appointment. I understand that FCO is reserving this time specifically for my care.

In addition to the above, failure to follow pre-procedure instructions may result in cancellation of the procedure by the doctor. Such cancellation, based upon my own failure to follow instructions, will be deemed a failure to be present for my appointment and will be handled as below.

After reading the above, I understand that failure to be present for my appointment without 24 hour notice OR failure to follow pre-procedure instructions resulting in procedure cancellation on the day of the procedure will result in a charge to be billed to my account for which I am financially responsible for.

Patient Name: _____ Patient Signature _____ Date: _____