

Edward W.P. Smith, MD  
Juan A. Rosario, MD  
Ashley East, PA-C



4479 Baymeadows Road  
Jacksonville, Florida 32217  
904-731-8300 fax 904-737-7901

## **No Show/Cancellation Policy**

### **Office Visit**

Please be advised that in order to accommodate our patients, we require 24 hours notice if canceling an appointment. If we do not receive proper notice, you may be charged a \$25.00 missed appointment fee. Additionally, any prepaid cosmetic procedures will forfeit their deposit if not canceled before 24 hours. Please feel free to address any questions you may have regarding this policy with our staff. Your signature below acknowledges your willingness to comply with this policy.

X \_\_\_\_\_

## **No Show/Cancellation Policy**

### **Surgery Appointment**

Please be advised that in order to accommodate our patients, we require 24 hours notice if canceling a surgery appointment. If we do not receive proper notice, you may be charged a \$75.00 missed appointment fee. Additionally, any prepaid cosmetic procedures will forfeit their deposit if not canceled before 24 hours. Please feel free to address any questions regarding this policy with our office staff. Your signature below acknowledges your willingness to comply with this policy.

X \_\_\_\_\_