

Florida Physicians MEDICAL GROUP

IN AN EFFORT TO BETTER SERVE OUR PATIENTS, WE ARE REQUIRING A 24 HOUR ADVANCE NOTICE IF YOU ARE UNABLE TO KEEP YOUR SCHEDULED APPOINTMENT.

I understand the importance of keeping my scheduled appointment and agree to notify the office at least 24 hours in advance if I am unable to keep it. I also understand that if I so not give the required notice I may be charged a fee of \$25.00.

Patient

Witness

Date: _____
