



Office of Titus A. Taube, MD

NO SHOW FEE

Please be advised, there is a \$25.00 per patient per visit fee if you DO NOT call to cancel or reschedule your appointment 24 hours in advance. If you need to cancel or reschedule your appointment, please call the office no later than one (1) business day prior to your appointment.

By signing this form, I understand that if I do NOT call to reschedule or cancel my appointment 24 hours prior to my scheduled visit, I will be charged \$25.00 for each missed appointment.

I also understand that if I miss three (3) or more appointments without calling, I will be dismissed from this practice.

Patient Name (please print): _____

Patient Signature: _____ Date: _____