

## Cancellation, No Show and Late Arrival Policy

Your Optometry providers want to make sure that you and the other area residents have access to high-quality eye care when you need it. To ensure maximum access to eye services for all of our patients, please be aware of the following appointment policy:

**Scheduled Appointments:** If you cannot make your scheduled appointment, you must call us at least 24 hours in advance to let us know. This allows us enough time to offer your appointment to another patient. Failure to provide at least 24 hour notice will be considered a missed appointment.

**Missed Appointments:** Missed appointments will be documented in your optometry record. If you miss more than three optometry appointments within a six month period, you must wait six months before you can make further routine eye care appointments. You may be seen for routine care on a time available, walk in basis only, but must realize that appointed patients and emergencies will take priority. You will be allowed to make emergency appointments at any time. Once you reach 6 months of no missed appointments, your account will be clean and you can begin making appointments.

**Late Arrivals:** We are able to accommodate patients up to 10 minutes past their appointment time. All paperwork and registration must be completed within 10 minutes of your scheduled start time in order for the doctor to see you for your appointment. If you have not arrived and completed your paperwork in time you will be given one of the following options:

- You may reschedule the appointment
- Wait for a same-day opening in the schedule, that will permit the scheduled work to be completed or
- If possible a portion of the scheduled work will be completed during the remaining appointment time.

If you have any questions about the Cancellation, No Show and Late Arrival Policy, please speak with any of the optometry staff.

I understand and agree to abide by this cancellation, No Show and Late Arrival Policy.

---

Patient Name

---

Patient Signature

---

Date

---

Parent/Guardian Name (for patients under 18 years of age)

---

Parent/Guardian Signature (for patients under 18 years of age)

---

Date