

NO SHOW AND CANCELLATION POLICY

Thank you for trusting your care to Shenandoah Oncology. We schedule appointments so all patients receive the appropriate time to be evaluated and treated by our physicians and staff. To be respectful of all patient needs, we ask that if you need to cancel or reschedule your appointment, you contact our office 24 hours prior to your appointment. This time may then be reallocated to someone else who needs evaluation and/or treatment.

As a courtesy, and to help patients remember their scheduled appointment, Shenandoah Oncology sends a reminder email message 3 days prior to your appointment and reminder phone call 2 days prior to your appointment.

Non-compliance can be a potentially serious issue. If more than one appointment is missed without 24 hours’ prior notice, Shenandoah Oncology reserves the right to dismiss a patient from the practice based solely on this reason.

By signing below, you acknowledge that you have received this notice and understand this policy. Please return this form to our office. An envelope has been enclosed for your convenience.

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Patient Name DOB

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Patient Signature Date

For Employee Use Only

Employee Initials:\_\_\_\_\_\_\_\_\_\_\_Date Received: \_\_\_\_\_\_\_ Patient Account Number: \_\_\_\_\_\_