



A D V A N C E D  
O R T H O P E D I C S  
I N S T I T U T E

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## Appointment Cancellation Policy Agreement

Advanced Orthopedics Institute, is committed to providing timely, high-quality care. Missed or late-canceled appointments limit our ability to serve other patients.

Patients are required to provide **at least twenty-four (24) hours' advance notice** for any appointment cancellation or change. Notice must be given **by phone during regular business hours**.

For **Monday appointments or those following a holiday**, notice must be provided **by the close of business on the previous business day**.

Appointments missed or canceled without proper notice will result in a **\$50.00 missed appointment fee**, which must be paid prior to rescheduling.

Patients who miss **three (3) scheduled physician appointments** may be subject to dismissal from the practice.

By signing below, you acknowledge that you have read, understand, and agree to this Appointment Cancellation Policy and accept financial responsibility for missed or late-canceled appointments.

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**Patient Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_