Center for Ophthalmology and Laser Surgery
Michael Loeffler, MD

# CANCELLATION / NO SHOW POLICY

Dear Valued Patient,

In order to keep our services prompt as always, we would like to remind you that we required a 48 hour notice for any cancellations or re-schedules of appointments. Failure to contact the office within 48hrs or no show may result in a fee $75.00. This fee is not covered by your insurance policy. We believe that enforcing this policy will help us better serve each of our patients fairly and respectfully. Thank you for your cooperation.

NAME:_____

SIGNATURE:_____

Date:_____

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