



CANCELLATION FEE NOTICE:

Quakertown Eye Associates, P.C. is a privately owned company. We give each and every patient our utmost attention and the best care possible while you are at your appointment.

***Your appointment time is set aside
specifically for YOU.***

If you are unable to keep your scheduled appointment, we ask that you give our office at least 24 hours notice, so that we may have ample time to fill your appointment slot.

**If we do not receive 24 hours notice of cancellation,
your account will be charged a \$35 cancellation/no show fee.**

Please sign this form below in acknowledgement and agreement of this notice and fee. Thank you.

Patient's Printed Name: _____ Date: _____

Patient's Signature (Or parent/guardian if under 18 years of age): _____