CENTRAL OAHU
EYE CARE

BROKEN APPOINTMENT FORM

Our office values your time and takes great effort to stay on schedule to see you at the time of your scheduled appointment. We feel that our time is just as valuable, so we request a 24-hour notice for all cancelled appointments.

If you do not show up for your scheduled appointment or give us a 24-hour cancellation notice, we will charge a **$50.00 cancellation fee** for each broken appointment.

We appreciate your cooperation and understanding.

_____
Patient Name

_____ _____
Patient Signature Date