Central Florida Rheumatology Consultants

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Cancellation Notice Agreement

Please be advised that our office requires 24-hour advanced notice for all cancelled or rescheduled routine appointments.

Without proper notice, you will be charged a $50.00 fee for a NO SHOW appointment.

By signing below, I agree that I am financially responsible for any charges incurred for missed appointments that were not cancelled within the required time. Any emergencies with verification will receive a one-time courtesy adjustment.

_____ _____

Patient Printed Name Date of Birth

_____ _____

Patient Signature Date

1639 N Volusia Ave, Suite B, Orange City, FL 32763
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