

STANISLAW

FACIAL PLASTIC SURGERY CENTER

Missed Appointment/Cancellation Policy

Missed appointments and last-minute cancellations adversely affect you, our other patients, and the practice. They limit the availability of appointments for other patients, which can delay your treatment. As a courtesy, we provide reminder calls or text messages before your appointment, but we may not always reach you. For this reason, we expect that you will be responsible for remembering scheduled appointments. **If you must cancel a scheduled appointment, please provide as much notice as possible by contacting us at (860) 409-1515.**

Our policy requires a pre-paid consultation fee, deposits for significant procedures, and a minimum of 24 hours' notice for cancellations. Appointment reservations of one hour or more require a minimum of 48 hours' notice. As stated in our surgical quotes, surgical procedures require a four-week cancellation notice. We understand that emergencies can occur and will make allowances when necessary. **Failure to provide a sufficient cancellation notice can result in forfeiture of your consultation fee or deposit.**

If you are an established patient scheduled for an injection, please be mindful of your scheduling, especially during the holidays. Last-minute cancellations are unfair to patients waiting to come in. Providing our office with a minimum of 48 hours' notice allows us to contact patients on the waitlist and enables them to accelerate their treatment.

If you repeatedly cancel without adequate notice or fail to attend your appointment, you may be required to pre-pay for future appointments at the time of booking. In cases where this becomes a chronic issue, Stanislaw Facial Plastic Surgery Center reserves the right to ask you to find a new medical practice.

Arrival Time & Appointment Preparation:

We appreciate your consideration in arriving on time and/or early to complete our new patient forms. We work hard to stay on schedule for our patients; when a patient arrives late for an appointment, it disrupts the entire day. **We reserve the right to reschedule an appointment if you arrive more than ten minutes late.**

By signing below, I acknowledge the cancellation and arrival policies and will do my best to adhere to them.

Patient's Signature: _____

Date: _____