

**Mount Dora Pediatrics
1502 N. Donnelly Street, Suite 103
Mt. Dora, FL 32757
(352) 383-0624**

**IN AN EFFORT TO BETTER SERVE OUR PATIENTS, WE
ARE REQUIRING A 24 HOUR ADVANCE NOTICE IF YOU
ARE UNABLE TO KEEP YOUR SCHEDULED
APPOINTMENT.**

I understand the importance of keeping my scheduled appointment and agree to notify the office at least 24 hours in advance if I am unable to keep my appointment. I also understand that if I do not give the required notice, I may be charged a fee of \$25.00. After three (3) such incidents I will be discharged from the group for non-compliance.

PATIENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE