

Pediatric Associates of Julington Creek
APPOINTMENT CANCELLATION AGREEMENT

Effective immediately, our office must be given notice that you intend to cancel
your appointment at least 24 hours in advance.
Failure to give a notice of cancellation will result in a **\$30.00** charge.

Thank you for your understanding and consideration.

Parent's Name: _____
(Please Print)

Signature: _____ Date: _____

Childs Name: _____
(Please Print)