

Patient Name:DOB	:
By initialing below, I acknowledge that I have read and understand the office policies and I will follow all of them.	
Cancellation/No Show Policy	
If you need to RESCHEDULE or CANCEL an appointment, kindly notify us 2 your scheduled appointment by calling during our business hours (Monda Failure to provide notification will result in a \$25 cancellation charge/fee collected on your next visit.	y-Friday 9am to 5pm).
Initial:	
Refill Request	
Please allow 3 business days to respond back to your refill request. When medication remaining, kindly contact your pharmacy to send us and electronically send the prescriptions back to pharmacy) in a will not be approved if you have missed your appointment or it is time for	ronic request, so we timely manner. Refills
Initial:	
Forms Fill Out Fee	
For ANY forms such as short-term disability, life insurance, leave of absence be filled out by Dr. Bhuriya, there will be a \$25 processing fee . Please allow for the paperwork to be completed.	
Initial:	