

# Santa Monica Laser and Skin Care Center

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## **Cancellation Policy**

We are committed to providing all of our patients with exceptional care in a timely manner. For this reason, we have instituted a 24-hour cancellation policy for all appointments.

The office needs to be notified **24 hours** prior to the appointment date in order to avoid a cancellation or no-show fee of **\$100**.

We appreciate your understanding and cooperation.

## **Patient Consent**

I have read this policy and understand that I need to provide at least 24 hours notice when rescheduling or cancelling an appointment. If I fail to contact the office at least 24 hours in advance, I will be charged the \$100 cancellation fee.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only

## **Credit Card Information**

MasterCard     Visa     Discover     American Express

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_