64-05 Yellowstone Blvd CFU 101 Forest Hills NY 11375 Tel: 718-896-3376 Fax: 718-795-1005

DECLARATION OR AGREEMENT REGARDING MISSED OR CANCELLED APPOINTMENT FOR:

MICHAEL PALTIEL MD
SALEH RACHIDI MD
ALEKSEY BABAKHANOV NP
ZINA GOLDVEKHT PA

Patient Name:_____ Date of Birth:_____

I understand and agree to the following:

I understand that it is my responsibility to notify Adult and Pediatric Dermatology **24 hours** prior to the scheduled appointment if I am unable to keep the scheduled appointment.

I understand and agree that **I will be billed the contracted rate of $25** in the event that I miss the appointment or fail to change it 24 hours prior to the scheduled appointment.

_____ _____

Signature of Patient or Parent Date