



www.drweightcontrol.com

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New Patient No Show Policy

It is the policy of **Physician's Weight Control & Wellness Centers** that should you fail to appear for your scheduled appointment at the designated time and/or fail to reschedule two (2) or more business days prior to your appointment, you will forfeit your \$50 deposit in full. You will then be required to pay another \$50 deposit in order to schedule another appointment. By providing us with your credit card information, or sending a money order or a cashier's check, or bringing in cash for this deposit you are acknowledging the receipt and understanding of this New Patient No Show Policy.

Patient's Signature _____

Date: _____

FOR OFFICE USE ONLY

Patients Appointment Date ____/____/____

Deposit Charged ____/____/____

E-mail notification of credit card charge ____ Y Date: ____/____/____