



Nelson A. Tajong M.D.
LAKESIDE GASTROENTEROLOGY & LIVER SPECIALIST

Cancellation Policy:

In effort to best serve our patients; for Procedures we will charge a fee of \$150.00 for the cancellation/Failure to keep your scheduled procedure appointment.

Please make every effort to notify our office within 48 hrs of your scheduled procedure if you must cancel or reschedule.

I have read and understand the financial policy of this medical office and agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice without prior written notice.

Understanding your Procedure Time/Date/Bowel Prep Instructions.

By signing below, I agree that I have read and understand the bowel prep instructions and the Date and Time of my procedure. I also agree that I need to give a 48 hour (2 business days) notice to cancel my procedure.

Date of Procedure: _____ Time: _____

Signature of patient or Legal Guardian

Date

Printed Name of Above

In case of a true emergency, this cancellation policy does not apply. Please let us know as soon as possible if this is the case. However, we ask that this only be used in the case of a real emergency and that you otherwise make every attempt to keep your appointment.