



4440 S. Rural Road  
Building F, 2<sup>nd</sup> Floor  
Tempe, AZ 85282  
(480) 883-7240 office  
(480) 883-7241 fax

**HPS OFFICE VISIT CANCELLATION FORM 2009**

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

Date of birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

Please read all of the following and indicate you understand by signing your name below.

Late cancellations, rescheduling or no shows prevent us from scheduling our patients in a timely manner. For this reason we ask that you do not schedule an office visit unless you are sure that you can make it. As emergencies may occur, we ask that you call us at least ONE WEEK in advance if you need to reschedule. If you reschedule or cancel more than once, you will need to return for another office visit in order to reschedule your appointment.

A fee of \$100.00 will be assessed for any additional cancellations, no shows or rescheduling after this.

By signing below, I acknowledge that I understand Human Performance Specialists Office Visit Cancellation Form.

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