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Dear Patient:

This letter is to inform you of a new policy we are initiating at Lone Tree Internal Medicine and Pediatrics. In order to ensure that we are respectful of your time and diligent with our schedule, we are implementing a new Cancellation Policy. Going forward, if you are unable to keep your scheduled appointment, we ask you to contact our office **at least 24 hours** before you are scheduled to be seen. This enables us to give that appointment time to other patients who have acute care needs and request to be seen immediately. In addition, this allows us to avoid over-booking and taking time away from other patients.

It is our policy that if you miss **three** appointments without 24-hour notification, this will result in the termination of our doctor-patient relationship. You then will need to find a new primary care physician.

Patient Name (Printed): _____

Patient Signature: _____

Date: _____