

Cancelation Notice

Name: _____

Procedure: _____

Appointment Date: _____

Time: _____

Please report to 1805 Honey Creek Commons SE, Suite B, Conyers, GA 30013

It is very important that all Eastside Endoscopy Center, LLC patients are aware that if they do not show up for their scheduled procedure and do not call or notify at least 7 (seven) working days prior to the procedure, that they will be responsible for a \$100 'No-Show' Fee. Thank you for your understanding in this matter.

The patient must also understand that a driver, 18 years or older age, is required for any procedure performed at Eastside Endoscopy Center, LLC. A driver must be present the entire duration of the appointment and procedure time and must not leave the premises. Thank you for your understanding and cooperation.

Patient Acknowledgement Signature: _____ Date: _____