



Dear Patients,

Welcome to Beach Cities Orthopedics & Sports Medicine. We pride ourselves on having the finest doctors in orthopedic medicine and are pleased that our facility is able to provide you with quality care, diagnostics, and necessary treatment to facilitate your return to normal daily activities. Our physicians look forward to meeting with you and providing you with excellent care. Thank you for choosing BCO!

DUE TO THE HIGH PATIENT VOLUME, 100% COMPLIANCE IS REQUIRED.

Please initial.

_____ Patients should be punctual to scheduled appointments. **We reserve the right to cancel your appointments after 10 minutes have lapsed from your scheduled appointment time.** Arriving late affects both your treatment and the treatment of other scheduled patients.

_____ It is very important for you to follow instructions from your physician. Listening to your doctor's instructions will facilitate your return to optimal health as quickly as possible.

_____ Cancellations or changes to your scheduled appointments must be made **24 hours in advance** if you are unable to attend your scheduled time. Failure to comply will result in cancellation of future appointments and/or a \$80 fee.

_____ No show fees: You will be billed a **\$80 no-show fee** for missing appointments, no exceptions. We reserve the right to cancel future scheduled appointments due to poor attendance.

I HAVE READ AND FULLY UNDERSTAND THE INFORMATION ABOVE.

Signature: _____ Date: _____