

Consent: Appointment Cancellation Policy

At Couri Center, we deeply value the time and commitment of both our patients and our dedicated staff. We strive to provide the best possible care while respecting the schedules of all involved. Please take a moment to review our appointment cancellation and no-show policy:

Appointment Cancellation:

It is required that you provide us with at least **48 business-hours'** notice if you need to cancel or reschedule your appointment. Your timely communication allows us to adjust our schedule accordingly and accommodate other patients. We understand that unforeseen circumstances may arise, and we appreciate your cooperation in providing advance notice.

No-Show Policy:

To cover the costs associated with missed appointments and to ensure better accessibility to our imaging services for all patients, **you will be charged in full** for all no-show appointments lasting 10 minutes or more. It is also ultimately your responsibility to keep track of your appointments.

Flexibility and Understanding:

We understand that life can be unpredictable, and exceptions may arise. If you encounter extenuating circumstances that prevent you from keeping your appointment, please don't hesitate to contact us. We are here to assist you to the best of our abilities.

Thank you for your cooperation and understanding in adhering to our appointment policies. Your cooperation ensures that we can continue to provide high-quality imaging services to as many women as possible.

Signature Acknowledgment

By signing below, I acknowledge that I have read, understand, and agree to the above appointment cancellation policy.

- **Name:** _____
- **Relation to Patient (if signed by legal representative):**

- **Date:** _____
- **Signature:** _____