



Daouk Orthopaedics
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“NO SHOW” Appointment Policy Statement

I, _____ have read and understand that Daouk Orthopaedics will charge a \$25.00 missed appointment/no show fee for all appointments not canceled with 24 hours prior to the scheduled appointment time. This fee must be paid prior to scheduling any future appointments.

Patient Signature

Responsible Party Signature
(If Patient is a minor)

Printed Name

Date