



Brian Kindl, MD

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OFFICE POLICIES

APPOINTMENTS

_____ I acknowledge that there is a fee of \$40.00 for no show appointments. If an appointment needs to be cancelled or rescheduled it must be done within 24 hours of the scheduled appointment or the no show fee will need to be paid before being seen on the next visit.

PAIN MEDICATION

_____ I acknowledge that pain medication will only be given with an appointment. **NO** refills will be given over the phone, so please make sure you have your prescriptions **BEFORE** leaving your appointment. **NO EXCEPTIONS WILL BE MADE.**

FORMS

_____ I acknowledge that there will be a \$25.00 fee for filling out each disability, work, insurance, etc form.

I have read and understand all of the above office policies.

Patient signature

Date