



1830 Franklin Street, Suite 450
Denver, Colorado 80218

SURGERY CANCELLATION NOTICE FOR DR. NAGAMANI

Due to the complex nature of booking this procedure we have found it necessary to implement an administrative fee for those who cancel their surgery with less than a two week notice. (This is only for non-medically documented cancellations, if you have a doctor's note we will waive this fee). We will swipe the patient's card when the surgery is scheduled and keep the information stored in a secured credit card vault. Upon a late cancellation we will charge a \$250.00 fee to the card.

I have read and agree to the late cancellation fee:

PRINT: _____

SIGNATURE: _____

DATE: _____

MR#: _____