

The Polacek Center for Plastic Surgery

Lori G. Polacek, M.D./Dezarae Rossi, Nurse Practitioner, Melissa Soto, Medical Aesthetician

Cancellation/ No Show Policy

We schedule time with Dr. Polacek and our providers very carefully to provide enough time and attention for each patient's questions and concerns. Many times, we are scheduling weeks out and patients are disappointed when we cannot accommodate their requests for dates and times. Our Solution Reach service will text message or email you to remind you of your appointment time and date. Please confirm your appointment with us via text or email to minimize the reminders that you receive. We require a 48-hour business cancellation notice for all appointments. If your appointment is on Monday, please contact us by 12 pm on Thursday so that we can call patients on Friday to provide service for our waitlist patients. There is a penalty for "No Show"/missed appointments OR CANCELLED appointments within 48 business hours of \$200 for Dr. Polacek and Dezarae Rossi, NP and \$100 for all other providers (except for CoolSculpting procedures that are scheduled for many hours). The deposit held for CoolSculpting procedures is \$500 if you cancel within 48 business hours or no show. If you choose not to have treatment on the day of your appointment the provider's time for a consultation alone is \$200 for both Dezarae Rossi, NP and Dr. Lori Polacek, M.D.

We thank you for understanding policy as we strive to give the very best care to all our patients.

Sincerely,

Dr. Lori Polacek and Staff

I understand the "No Show"/missed or less than 48-hour cancellation policy for the Polacek Center for Plastic Surgery and agree to be charged for missed appointments or "no show" appointments as listed above. (\$200 for Dr. Polacek/Dr. Phillips/\$100 for all other providers). I am aware that I will cancel at least 48 business hours in advance for all appointments. If my appointment is on Monday, I will call by Thursday at 12pm so that the team may utilize their waitlist to move a patient to that appointment.

Patient Name: _____

Patient Signature: _____