

Spine & Orthopedic Center of N.J., LLC.

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DAVID B. BASCH, M.D. FAAOS
Fellow-American Academy of Orthopedic Surgeons
Diplomat American Board of Orthopedic Surgery

Dear Patients:

To our patients who come to their appointments faithfully or cancel appropriately in advance, we give our thanks. For any patient who does not come to their appointment without notifying this office

***24 HOURS IN ADVANCE**, they will be responsible for

\$30.00 FEE FOR:

NOT SHOWING UP TO THE APPOINTMENT
NOT CANCELLING THE APPOINTMENT IN TIME*

Without prior notification of cancellation, we cannot accommodate patients who need to come in on an emergency basis or sooner than their scheduled appointment.

Our office makes every effort to give a reminder call. This is a courtesy to our patients. However, the patient is responsible for their appointment. An appointment card is offered at the time of your visit.

If you have any questions or problems, please direct them to the Practice Manager. **Any financial arrangements are not to be discussed with Dr. Basch or Mr. Poppe.**

Thank you for your anticipated cooperation.

Respectfully,

Practice Manager

I, _____, have read, understand and agree to the above.

PRINT PATIENT'S NAME

PATIENT'S SIGNATURE

TODAY'S DATE