

**Stewart Hill Tankersley, M.D.**

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IT IS THE RESPONSIBILITY OF THE PATIENT TO KEEP UP WITH THEIR APPOINTMENTS AND TO INFORM THE OFFICE STAFF OF ANY CANCELLATION OR RESCHEDULING THAT IS NEEDED.

IN ORDER FOR DR. TANKERSLEY TO CONTINUE SEEING PATIENTS IN A TIMELY MANNER, IT IS THE POLICY OF THIS OFFICE TO CHARGE A **\$30 FEE FOR ANY APPOINTMENTS CANCELLED OR RESCHEDULED LESS THAN 24 HOURS OF THE SCHEDULED VISIT. THIS FEE ALSO APPLIES TO ANY NO SHOW APPOINTMENTS.**

YOUR COOPERATION WITH THIS IS GREATLY APPRECIATED.

THANK YOU.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_