



www.drweightcontrol.com

Otto Puempel, D.O. Dale Allen, M.D.
Patrick Kirlin, D.O. Michael Boothe, M.D.
Christopher Puempel, M.D. Heather Newman, RN, FNP

WACO OFFICE
2122 Austin Av
Waco, TX 76701
254-754-1438 fax 254-754-4354

New Patient No Show Policy

It is the policy of **Physician’s Weight Control & Wellness Centers** that should you fail to appear for your scheduled appointment at the designated time, or fail to reschedule two (2) or more business days prior to your appointment, you will forfeit your \$50 deposit in full. You will then be required to pay another \$50 deposit in order to schedule another appointment. By providing your credit card information, or sending a money order or cashier’s check, or bringing cash to our office for this deposit you are acknowledging the receipt and understanding of this New Patient No Show Policy.

Patient’s Signature _____

Date: _____

FOR OFFICE USE ONLY

Patients Appointment Date ____/____/____

Deposit Charged ____/____/____

Date of e-mail notification that credit card has been charged: ____/____/____