## Julian R. Menéndez, DPM

## Diplomate, American Board of Multiple Specialties in Podiatry, **Board Certified in Podiatric Surgery and Primary Care in Podiatric Medicine** 5415 Park St. N., Suite C

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## Failure to keep scheduled appointments

If you are unable to keep your scheduled appointment, we ask that you please notify our office at least 24 hours prior to your appointment time. Should you fail to provide proper notice, you will be charged \$25.00 for a time that was allotted to you.						
	our office to cancel or rescheduely unable to see us.	ale your appointment, those in need of a	time			
Patients/Guardian S	Signature	Date				
Policy on Recor	<u>·ding</u>					
-	enty consent" law state. In regardents. (Fla. Stat. ch. 934.03)	ards to recording of any kind, it is prohib.	oited			
	try Foot and Ankle Care, PLLO y any means inside the treatme	C <b>does not</b> provide any consent of any ent room.	kind			
If caught, your treatment may be immediately suspended and you will be asked to leave the office immediately.						
Rescheduling or costaff.	entinuation of treatment is strict	tly at the discretion and decision of med	ical			
Patients/Guardian S	Signature	Date				