

Appointment Check-In & Policies

_____ Appt. Time & Date: _____ / _____
Name: _____

We are now using e-mail and text to communicate with our patients. Please enter your current
E-mail address: _____

and **Cell:** _____

If you request your prescription or your medical information, we use unencrypted Gmail. By signing below, you acknowledge and consent.

All patient information is kept **strictly** confidential. Your information is **NEVER** shared or released to another doctor's office without your prior consent.

Cancellation Policy

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book. If an appointment is not cancelled at least 24 hours in advance you will be charged a eighty nine dollar (\$89) fee.

Scheduled Appointments

We also understand that delays can happen however we must keep to the schedule for you and others. Therefore, if you arrive 15 minutes past your appointment time we will have to reschedule you.

Frame selection

Please take care with your frame selection, make sure it's what you want. Once lenses are manufactured the frames cannot be exchanged or returned.

I have read and understand Toluca Lake Optometric Centers office policies.

Signature: _____ Date: _____