

# ALLSKIN

## DERMATOLOGY

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Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

### **Cosmetic No Show And Cancellation Policy**

To cancel or reschedule an appointment, patients must contact the office between 9AM and 12 noon or 1:30 PM and 5:00 PM, at least **48 hours prior to the appointment**. Monday appointments must be canceled or rescheduled on the preceding Friday.

If the office does not receive 48 hour notice, a **\$150.00** no show fee will be assessed. This amount may be deducted from your Cosmetic deposit.

Some Cosmetic procedures require a **50% deposit** when scheduling.

Please sign below stating that you have read and acknowledge our office policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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