

## No Show Policy

**No Show Policy:**

- To ensure that we are able to provide appropriate and consistent service for you; we ask that you make every effort to attend all scheduled appointments.

-If you are unable to attend a scheduled appointment, please call to notify our staff of you intended absence at least 24 hours in advance at 325.698.4545 press 0.

**No Shows:** If you fail to call ahead and do not keep your appointment, we will call you to remind you of our clinic's No Show Policy. If a second missed appointment occurs without an advanced notice, you will lose you standing appointment and will need to call us to reschedule. If there is a third No Call/No Show, you will be discharged as a patient.

**\*Note:** If you are a Workers' Compensation Patient, your employer and insurance carrier will be notified of any no-show appointments. FAILURE TO KEEP APPOINTMENTS WILL RESULT IN DISCHARGE FROM OUR MEDICAL PRACTICE.

I have read, understand and agree to follow these conditions.

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Patient/Other Legally Responsible Person Signature

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Date

### DISCLOSURE AND CONSENT Medical Treatment from Physician Assistants

**TO THE PATIENT:** *You have the right as a patient, to be informed about your care. This disclosure is simply an effort to make you better informed*

I(we) understand that Vincent Viola, PA-C and Ted Chaka, PA-C are Physician's Assistants who are under the direction of Dr. Daniel L Munton, MD. I authorize Vince Viola, PA-C or Ted Chaka, PA-C to provide care based on his license requirements.

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Patient/Other Legally Responsible Person Signature

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Witness

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Date