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## **NO SHOW POLICY**

**This Policy will be strictly enforced.**

If the patient does not cancel an appointment within 24 hours, you will be charged a \$25.00 missed appointment fee. You will be unable to book future appointments until this payment is received. The third time an appointment is missed, you will automatically be discontinued from our office. Thank you for your attention on this matter.

I understand and agree to the above.

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Patient, Parent, or Guardian Signature

Date