



ROCKVILLE INTERNAL MEDICINE GROUP
1201 Seven Locks Road Suite 111
POTOMAC, MD 20854-2957
Phone: (301) 762-5020, Fax: (301) 294-7569

**Waiver for Cancellations of Colonoscopy & Upper Endoscopy
Procedures**

I, _____, have been scheduled for an outpatient procedure with Drs. S. Grace Woo/Belen Tesfaye. I understand I must notify Rockville Internal Medicine Group of any cancellations or schedule changes at least 7 days prior to my scheduled procedure date. I have been advised that failure to give proper notice will result in a **NOSHOW** charge of **\$200.00** for which I will be responsible and will not be reimbursed by insurance company. Emergencies or other unavoidable last minute cancellations/changes will be given consideration.

Patient Signature

Date