



8300 Carmel Ave NE Bldg. 5
Albuquerque, NM 87122
(505) 633-4141

Agreement of Services:

Please initial each item:

_____ Please notify us 24 hours prior to your appointment if you need to cancel, by calling (505) 633-4141.

_____ Arrive to your appointment 10 minutes prior to your schedule time to allow time to check in and complete any paperwork needed.

_____ If there are 3 late arrivals or 3 missed appointments without notifying us 24 hrs ahead of time, you will be discharged from the pain clinic.

_____ Copays and outstanding balances are due at the time of appointment. Appointment will be cancelled if payments are not made.

_____ Because of safety reasons, unsupervised children under the age of 14 are not allowed in our clinic. If you need to bring your children, please call to reschedule your appointment.

I have read, understood and will abide by the statements above.

Patient Name

Date

Signature

or

Patient representative

Date

Signature