

**Southland Injury Medical Center, Inc.
Behzad Emad, M.D.**

Dear Valued Patient,

**There will be an \$80.00 fee for any missed physician appointment
and a \$45.00 fee for any missed physiotherapy appointment.**

24 hour notice of cancellation is required.

We appreciate your cooperation in this matter.

Sincerely,



**Behzad Emad, M.D.
Medical Director
Southland Injury Medical Center, Inc.**

_____ **Date** _____
Patient Name (Please print)

Patient Signature

_____ **Date** _____
Witness