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Please be advised that all scheduled office visits with Dr. Nicole Gullo must be cancelled at least 48 hours prior to the appointment date to avoid a cancellation fee. Failure to give 48 hours notice will result in a **\$50.00 cancellation fee**.

I, _____ am aware that I am required to notify Dr. Nicole Gullo of appointment cancellations within **at least 48 hours prior to my scheduled appointment**. Failure to do so will result in a \$50 cancellation fee that I will be required to pay.

Patient Name (please print)

Signature

Date