

PLEASE MARK ANY OF THE FOLLOWING SYMPTOMS THAT YOU MAY CURRENTLY
BE HAVING:

FEVER _____

TEMPERATURE INTOLERANCE _____

RECENT WEIGHT CHANGE-if so please explain _____

BLURRED VISION _____

DOUBLE VISION _____

HOARSENESS _____

TROUBLE SWALLOWING _____

PALPITATIONS _____

SHORTNESS OF BREATH _____

SWELLING IN FEET/HANDS _____

COUGH _____

VOMITING _____

DIARRHEA _____

URINATION DURING THE NIGHT _____

CONSTIPATION _____

MUSCLE PAIN _____

BONE PAIN _____

NUMBNESS/TINGLING IN FEET/HANDS _____

TREMOR _____

RASH _____

DEPRESSION _____

MEMORY LOSS _____

ABNORMAL BRUISING _____

Endocrine & Metabolic Disorders Institute, PLLC

910 Mary Vance Drive

Tupelo, Ms 38801

Phone (662) 377-6275 fax (662) 377-6299

Cancellation/No Show Policy

Endocrine & Metabolic Disorders Institute is responsible for providing timely care for many patients with serious and often urgent problems. Late cancellations and/or missed appointments hinder our ability to provide needed and timely care for our patients.

All cancellations MUST be received 24 hours prior to the scheduled appointment.

There will be a charge of \$50.00 for no shows or late cancellations.

This charge is NOT billable to insurance companies and will be due before future services are rendered.

After 3 no show and/or late cancellations the patient will be discharged from the practice and returned to their primary care provider for ongoing treatment.

We understand that circumstances beyond your control may arise, causing you to miss your appointment. If this happens please contact our appointment desk.

I have read the Cancellation/No Show Policy. I understand that I will be responsible for cancellation and/or no show fees.

Patient Signature

Date of Birth

Date