



CANCELLATION & RESCHEDULE FORM

Today's Date: _____ Physician: _____

Patient Name: _____ Date of Birth: _____

PROCEDURE RESERVATION

Reschedule Procedure: _____ No

Reschedule Procedure: _____ Yes

Current Procedure Date: _____ Time: _____

New Procedure Date: _____ Time: _____

Reason for cancellation: _____

Office Contact Person: _____

PST RESERVATION

Reschedule PST: _____ No

Reschedule PST: _____ Yes

Current PST Date: _____ Time: _____

New PST Request Date: _____ Time: _____ am _____ pm

Please fax to Huntington Hospital Booking @ 351-2696

CONFIRMATIONS:

SURGERY: DATE: _____ TIME: _____

PST: DATE: _____ TIME: _____

Confirmed by: _____ Date: _____