



THE
GASTROENTEROLOGY
GROUP

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DIPLOMATES OF THE AMERICAN BOARD OF
INTERNAL MEDICINE IN MEDICINE AND
GASTROENTEROLOGY

**I UNDERSTAND THAT IF I DO NOT SHOW UP,
RESCHEDULE, OR CANCEL MY APPOINTMENT
WITHOUT 24 HOURS NOTICE, I WILL BE
RESPONSIBLE FOR A CHARGE OF \$40.00**

Print Name

Patient Signature

Date

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