

# AGC Pediatrics, LLC

706-625-5900

189 Professional Court  
Calhoun, GA 30701

204 Professional Court  
Calhoun, GA 30701

100 Market Place Blvd.  
Suite 201 & 302  
Cartersville, GA 30121

## THE PARENT OR GUARDIAN MUST ATTEND ALL APPOINTMENTS NO EXCEPTIONS

Dear Parent / Guardian:

The following appointment has been made for your child's ADD / ADHD recheck. The provider wants you to understand it is very important to keep scheduled appointments in order to obtain medication refills and insure medication dosages will be accurate. ***MISSED APPOINTMENTS*** – AGC Pediatrics makes every effort to schedule your child at your convenience. We do ask that if you must cancel an appointment that you call no less than 24 hours before your appointment to let us know. Failure to cancel or to keep an appointment will result in a \$50 charge for routine physical and counseling or ADD/ADHD related visits. Please remember that an appointment that you cannot keep might be used for another child who is in need of treatment. Families neglecting to cancel appointments on three occasions or more may be asked to leave the practice. *Please do not leave message on after hours line to cancel an appointment, it will not be cancelled or request a refill, that line is for emergencies only and all ADD/ADHD refills are handled Monday – Friday, during normal business hours.* If you are cancelling an appointment, please call during normal business hours 8:00AM – 5:00PM.

**REFILLS MAY NOT BE GIVEN IF APPOINTMENTS ARE NOT KEPT OR IF NOT RESCHEDULED AT TIME OF CANCELLATION.**

You may address any concerns you have relating to your child's medication during this appointment. Enclosed you will find a *Home Questionnaire*, this needs to be filled out by the parent or guardian. You will also find a *School Questionnaire*, this needs to be filled out by your child's teacher. Once these are completed, both forms need to be brought to your scheduled appointment. If for some reason the forms are not returned at your child's appointment, an additional visit will be needed to review and discuss the forms. Also, if forms are not returned at time of visit, this could affect the timing of your child's medication refill. If you have any questions, please call 706-625-5900, extension 113.

Thank you for allowing us to care for your child.

Patient Name \_\_\_\_\_

Appointment Date \_\_\_\_\_

Appointment Time \_\_\_\_\_

Thank you,

*Mary Stewart, LPN*

**PLEASE BRING ALL CURRENT PILL BOTTLES TO THE APPOINTMENT**