



Prince George's County

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A United Way Agency #8036

Documentation for Overdue Medical Appointments, Assessments, or Labs

Name of Individual _____

Overdue Service _____

Date service due _____

This appointment [will be/ is] overdue for the following reason:

When I called the office on _____ to schedule the appointment, the earliest appointment I could get was on _____

The following unforeseen circumstances occurred which prevented the individual from attending his/her appointment (i.e.: blizzard, individual was in the hospital, ...)

The individual refused to attend his/her scheduled appointment. The nurse was notified of this on _____ and the appointment was rescheduled to occur on _____

Other _____

Signature of Employee completing this form _____

Additional Comments:

