

☐ ALEX V. ZAND, M.D. ☐ SASAN SALMI, M.D. ☐ HALEH SAFAVI, M.D. ☐ RONALD N. DAOUD, M.D. ☐ KRISTIN THEETGE, ANP-BC ☐ DR. ZAHRA SHAHIM, M.D. ☐ JASMINE SEDAGHATI, PA-C ☐ MEGAN ASHER, FNP-C	
ZAND MEDICAL PARTNERS SCHEDULING POLICY	
We value our patients' health and ask that you resp For the courtesy of the staff, physicians, and patien agree to these terms and conditions.	
Please be advised that starting October 1, 2022 , there will be a charge of \$45 for any same-day no shows or cancellations.	
When you do not show up for a scheduled appointment, it creates an unused appointment slot that could have been used for another patient. It is very important that you call within 24 hours in advance to cancel your appointment.	
If you have any questions please notify our office managers. Office: (714) 285-2311	
Thank You.	
Patient Signature	Date
Patient Name - PLEASE PRINT	Date of Birth