



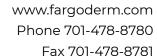
A-LIST CANCELLATION FORM

NAME		DATE OF BIRTH					
unused A-List fur	efits will terminate immed nds must be used withing nbership agreement for de	ninety (90) days. We	•				
Please circle why	y you are cancelling your	membership:					
*Financial	*Termed (12-month a	*Termed (12-month agreement met)					
*Unsatisfied	*Medical	*Distance	*Other				
Is there any feed	dback you can provide t	o improve our men	nbership for the future?				
A-List Member S Date	Signature						
	For Sta	ff Use Only					
Staff Signature							
Date							
Effective Date	I	Money on account_					

The Mission of the Fargo Center for Dermatology

Our mission is to provide the highest-quality patient care by offering the best in medical and surgical dermatological care. We strive to act with regards to the highest level of professionalism and practice in an environment that is beneficial to patients, providers, and staff. We recognize advances in dermatological care and use them for improved patient care while always advocating healthy skin through the prevention and treatment of dermatological conditions.

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Upcoming		
appointments_	 	

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