



Office Policy for Aesthetic Procedures

(Please Read Carefully Before Signing)

I understand that **20%** of the Procedure Fee (\$) for my Medical Aesthetics procedure must be paid at the time that my procedure is scheduled. I understand that this fee is **non-refundable**.

I understand that the **entire balance** (\$) for my Medical Aesthetics procedure must be paid in full at least two weeks prior to the initial procedure date or on the appointment date **before** the procedure can be performed. If my procedure is scheduled within two weeks of my initial consultation without necessity of a pre-operative visit on the doctor's order, then all fees are immediately payable when a date and time is scheduled.

I understand that, should I need to cancel my Medical Aesthetics procedure for **any** reason, I must provide a minimum of **two (2) weeks notice** in order to receive a refund of the balance (**not** including the 20% deposit). A 20% non-refundable deposit would be necessary if you need to schedule the procedure again.

I understand that if my Medical Aesthetics appointment is canceled less than **48 hours** prior to the appointment date, no refund will be given. In other words, I understand that I will be charged as if the procedure were performed at the scheduled time and date.

I understand that I am entitled to **two (2) post-operative visits** at no charge following the Medical Aesthetics procedure.

I fully understand and agree that, should any of these requirements not be met, my procedure can or will be canceled.

Patient Signature:

Date:

Witness Signature:

Date:
