



Office Policies

Please read each section thoroughly and initial next to each section and sign at the bottom agreeing to our office policies.

_____ We understand the importance of your time and will do our best to not have you wait for unreasonable periods. By arriving at your scheduled appointment time, we are able to keep your wait time to a minimum. We recommend that you arrive *15 minutes early* for the staff to do any necessary assessments and /or complete any required consent forms before your appointment. Consent forms must be filled out before every treatment to ensure your safety.

_____ Due to being a demanding Medical Spa, we have designated time for appointments/treatments. If you arrive *10 minutes late* for your scheduled appointment time you will be asked to reschedule to a different time/day.

_____ Should you find it necessary to reschedule or cancel your appointment, please notify our office *24 hours prior* to your appointment time.

*** A \$50 FEE WILL BE CHARGED FOR “NO SHOWS” AND “SAME DAY CANCELLATIONS” FOR TECHNITIONS***

*** A \$75 FEE WILL BE CHARGED FOR “NO SHOWS” AND “SAME DAY CANCELLATIONS” FOR INJECTORS***

_____ We also ask for the safety of your children that you do not bring them into any appointments. We have a NO CHILDREN policy in the lobby and treatment rooms. If your child is with you and does not have a supervising adult with them, your appointment will be rescheduled. ***NO EXECPTIONS***

_____ We have a NO PET policy. This is not only our policy but is regulated by Texas Law. If your pet is with you, your appointment will be rescheduled.

Patient Name (Printed)

____/____/____
Date

Patient Signature (By signing your Agree to our policies)

Witness Signature