



Cancellations & Rescheduling

Patient's name: _____

Your appointments are very important to all members of our team. The time allocated for an appointment is reserved especially for you. We do understand that sometimes schedule adjustments are necessary; therefore, **we respectfully request any and all changes to your appointment to be made a minimum of 48 hours prior to your appointment time.** The policies listed in this document are in place to ensure the highest level of service for all of our patients while also respecting our providers.

Late Cancellations and No-Shows: All patients scheduled with an aesthetics provider are subject to a \$50 late cancellation/no-show fee if you cancel on the day of your appointment or do not show up to your appointment. We require an updated credit card to be kept on file to schedule any appointments. In the event that you must cancel an appointment day of due to illness, we respectfully require notification by 10 AM in order to avoid a late cancellation/no-show fee.

Late Arrivals: A patient is considered a no-show if they have not checked in 15 minutes after their scheduled appointment time and is therefore subject to the \$50 no-show fee. Past the 15-minute grace period, patients may be subject to a shortened treatment or cancellation, based on the type of treatment and the schedule of the provider.

Deposits: A deposit or prepayment is required for treatments including, but not limited to, chemical peels, PRP, exosomes injections and microneedling, RF Microneedling, 6-week protocols, CO2 lasering, Coolsculpting, weight loss or laser hair removal packages. Deposits or prepayments for packages or treatments are non-refundable and non-transferable. In the case of a late cancellation or no-show, the treatment scheduled during that appointment may be forfeited.

Overdue fees: In the case of an overdue balance on your account, it is your responsibility to pay any and all overdue balances prior to receiving further services from our practice. After three late cancellations and/ or no-shows you may be subject to additional fees or deposits.

I have read, understood, and accepted the above policies.

Patient signature: _____ Date: _____