

THE LOOK

FACIAL AESTHETIC BOUTIQUE

Office Policies

24-Hour Cancellation & “No Show” Fee Policy

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving treatment. Therefore, The Look Facial Aesthetic Boutique reserves the right to charge a fee of \$100.00 for all missed appointments (“no shows”) and appointments which, absent a compelling reason, are not cancelled with a 24-hour advance notice. “No Show” fees will be billed to the patient. This must be paid prior to your next appointment. Multiple “no shows” in any 12-month period may result in termination from our practice. Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients. ____ Initials

Special Note About Children

Children under the age of 12 are not allowed in our reception or treatment areas. We strive to create a professional atmosphere for all our patients, and we deeply care about the safety of your little ones. If you are coming in for treatment, we kindly ask that you have another adult with you to watch over any children you bring along. ____ Initials

Refunds

Refunds for services rendered are not provided. You may return unopened products in the original packaging within 30 days of your purchase. If 30 days or more have passed since your purchase, we cannot offer you a refund or an exchange. Exceptions to this policy may occur with the approval of management. ____ Initials

Consultation Fee

A \$100 consultation fee shall be assessed to all new patients at the time of booking the consultation appointment. This fee will be applied to future treatment (injections by Haley Wood only). Cancellations within 24-hours or “no show” of the consultation appointment shall result in forfeiture of the \$100 consultation fee. ____ Initials

Smoking

Is not allowed in the facility or on the property.

Cellphone Use

In order to preserve and protect your confidentiality as well as others, no cell phone use will be allowed in the reception area or treatment rooms. This includes: recording, videos or photos.

By signing below, you acknowledge that you have received these notices and understand the policies.

Signature: _____ Date: _____

Printed Name: _____