



Patient Name: _____

DOB: _____

APPOINTMENT AND NO-SHOW POLICY

A **48-hour notice** is REQUIRED for any rescheduling or cancellation of your appointments. If you fail to provide us with a 48-hour notice, a **\$65 fee** will be added to your account. By signing below, you acknowledge and agree to these terms.

Please **arrive 1 hour prior** to your appointment to receive numbing cream, when necessary. If you are late, we will do our best to accommodate you, but cannot guarantee your full-service treatment or we may have to reschedule you.

Patient Signature: _____

Date: _____

RADIOFREQUENCY TREATMENT POLICY for Skin Tightening and Resurfacing

By signing below, I understand that if I am scheduled for radiofrequency treatment of the vaginal area, I must make sure the densely-haired areas are cleanly shaved 1-2 days prior to treatment time of my scheduled appointment. There will be a **\$25 fee charged** to shave the area if I do not come shaved.

Patient Signature: _____

Date: _____