



Patient Name: _____ **Date of Birth:** ____/____/____

APPOINTMENT POLICY & SPA CHECK- IN

A **24-hour notice** is REQUIRED for any rescheduling or cancellation of your appointments. If you fail to provide us with a **24-hour notice**, a \$_.00 fee will be added to your account. By signing below you acknowledge and agree to these terms.

Please arrive 20 minutes prior to your appointment to receive numbing cream when necessary and/ or to complete any forms, and to relax and enjoy our facility. If you are late, we will do our best to accommodate you, but cannot guarantee your full service time.

Patient Signature _____ Date _____

BEFORE & AFTER PHOTO CONSENT

I am authorizing The Skin Studios, LLC and its providers and staff members to take before & after pictures of the procedure(s) that will be performed on me. I understand that these pictures will only be used in my medical records and to determine the optimum outcome of my service and/or treatment. They will not be displayed without my permission for any reason.

Patient Signature _____ Date _____

PATIENT LASER & RADIOFREQUENCY TREATMENT POLICY

By signing below I understand that if I am scheduled for any laser or radiofrequency treatment I must make sure the area is cleanly shaved the night before the time of my scheduled appointment. There will be a \$_.00 fee charged for the staff of The Skin Studios, LLC to shave the area if I do not come in shaved.

Patient Signature _____ Date _____

SPA ETIQUETTE

To provide our guests the best experience and to maintain a quiet and relaxing environment, we ask that you please turn off or silence your cellphones. Thank you!

Patient Signature _____ Date _____