



Clinical Policies

Please initial each point acknowledging you understand that:

_____ If you cancel an appointment less than 24 hours in advance, you may be subject to a \$50 fee. Services must be paid for at time of service and health insurance does not cover cosmetic services provided.

_____ I understand that treatments used at Grace Aesthetics and Wellness PLLC is not considered a medical necessity. Treatments rendered are for the purpose of improving your skin appearance.

_____ I agree that if I am having any side effects or become sick, that I will follow up with my primary care provider or go to an urgent care or emergency department.

_____ I acknowledge that Grace Aesthetics and Wellness PLLC and Grace LaValley DNP are not my primary care provider. I agree that I will continue with routine care through my primary care provider.

_____ I understand that there are no refunds for services or products rendered. Touch up policy includes 2 units free; units thereafter are subject to charge.

_____ I understand that having an appointment with Grace Aesthetics and Wellness PLLC does not necessarily entitle me to being issued a prescription or having a cosmetic procedure performed. Every individual is different, and it is at the medical providers discretion to issue treatment.

_____ I understand that I must follow post procedural care instructions.

_____ I acknowledge that I have been advised and understand the risks and benefits of treatment, including complications and side effects.

_____ I am voluntarily requesting treatment with Grace Aesthetics and Wellness PLLC and Grace LaValley DNP in regard to the enhancement of the appearance of my skin as determined by a mutual decision between myself and the medical provider even if it is not considered a medical necessity.

_____ I do not hold any medical practitioner of Grace Aesthetics and Wellness PLLC responsible for performing age-related preventive care. I agree that I will follow up with my primary care provider to obtain these screenings and I hold Grace Aesthetics and Wellness PLLC and Grace LaValley DNP harmless if an adverse event occurs during my treatment.

I have read, understand, and agree to all of the above statements.

Print Name: _____

Signature: _____ Date: _____