

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

APPOINTMENT POLICY & SPA CHECK- IN

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 \$25.00 fee will be added to your account. By signing below you acknowledge and agree to these terms. Please arrive 30 minutes prior to your appointment to receive numbing cream when necessary and/ or to complete any skincare analysis forms, and to relax and enjoy a complimentary beverage. For your comfort, we ask that you shower before any body service. 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 FaceLine Aesthetics, 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 to determine the optimum outcome of my service and/or treatment. They will not be displayed for any reason.

Patient Signature _____ Date _____

PATIENT LASER & RADIOFREQUENCY TREATMENT POLICY

(Laser Hair Removal, IPL, Laser Skin Tightening, Laser Skin Resurfacing) 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 my scheduled appointment. There will be a \$25.00 fee charged for the nurse to shave the area if I do not come in shaved.

Patient Signature _____ Date _____

SPA ETIQUETTE

To provide our guests the best experience, we ask that you please turn off your cellphones. To maintain a quiet and relaxing environment, children over the age of 14 are welcome in the Spa by appointment only.

Patient Signature _____ Date _____