LASKY
AESTHETICS & LASER CENTER

Name: _____ Date: _____

ACKNOWLEDGEMENT OF PRACTICE POLICIES

I understand that I will receive traditional spa or cosmetic medical treatment from the Lasky Aesthetics and Laser Center. Some of the various treatments the Lasky Aesthetics and Laser Center provides include: facials; waxing; chemical peels; microdermabraison; laser hair removal; photorejuvenation; skin resurfacing; skin tightening; CoolSculpting; Botox® Cosmetic injections and filler injections. I understand that depending on the treatment I select, I will be required to sign an informed consent specific to that treatment.
_____ (Please Initial)

I am fully aware that my condition is solely of a cosmetic nature and that the decision to proceed is based on my expressed desire to do so: _____ (Please Initial)

PAYMENT POLICY

I understand that my treatments at the Lasky Aesthetics and Laser Center require payment and the prices and fee structure for treatment have been explained to me. The quoted price for treatment is the price for each individual treatment session, unless otherwise specified in writing by the Lasky Aesthetics and Laser Center. For cosmetic medical procedures, I understand that the services often require more than one session for best outcome, and I have the option of purchasing a series/package of treatment sessions at the quoted package price. There is no guarantee of refunds on treatments paid in advance. Any refunds will be determined on a case by case basis after appropriate management approval. I further understand that the services offered by the Lasky Aesthetics and Laser Center are elective in nature and are not covered by health insurance. I agree to pay for the treatment according to the payment plan discussed. We accept payment in the form of cash, check or most major credit cards. _____ (Please Initial)

CANCELLATION AND LATE POLICY

We understand that sometimes it is necessary to re-schedule an appointment. We ask at least 24 hours notice prior to cancelling and we will gladly reschedule. Monday appointments should be cancelled by noon the previous Friday. If you arrive after your appointment was scheduled to begin, you will be seen but only for the amount of time remaining. If you are 20 minutes late for a 20-minute procedure, this will be considered a missed appointment. Pre-paid packages are non-refundable.

In the event that you are unable to give 24 hours notice, a cancellation fee of $50.00 for skincare appointments or $100.00 for cosmetic procedures will be billed to your account. We regret any inconvenience this may cause. _____ (Please Initial)

RETURN POLICY

All sales of skin care and makeup products are final. Unopened products may be returned with a receipt for a credit within 30 days. _____ (Please Initial)

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DISCLAIMER

I understand that all medical cosmetic treatments are provided exclusively by the Lasky Aesthetics and Laser Center. I will not hold the Lasky Aesthetics and Laser Center, its owners or its employees responsible for the results I experience. I realize that results may vary. I further understand that the Lasky Aesthetics and Laser Center cannot prescribe an exact number of treatments to satisfy each individual's opinion and that the number of treatments I complete will be at my own discretion: _____ (Please Initial)

I understand that even with the best laser and the highest trained technicians, as high as 10-15% of patients will not have a desired response/outcome to treatments. _____ (Please Initial)

CONSENT TO PHOTOGRAPH (check one or both)

☐ I consent to be photographed during the course of my treatment with Lasky Aesthetics and Laser Center. I understand that the purpose of such photographs are to track the progress of my treatment(s). I understand that my photographs are part of my medical records and therefore, are the property of Lasky Aesthetics and Laser Center. I consent to the use of my photographs, at the discretion of Lasky Aesthetics and Laser Center for marketing, research, educational and/or scientific purposes. I understand that every attempt will be made to protect my identity and my name will not be disclosed.

Print Patient name: _____

Signature: _____ Date: _____

PRIVACY

I have received a copy of the Lasky Aesthetics and Laser Center Notice of Privacy Practices. _____ (Please Initial)

I have read and fully understand all the terms of this Acknowledgement of Practice Policies form, all my questions have been answered to my satisfaction and I agree to the terms of this consent.

Print Patient name: _____

Signature: _____ Date: _____

I have explained the above statements to the client and answered all questions.

Clinical Staff Name: _____

Clinical Staff Signature: _____ Date: _____