

SKINRITUAL

Patient Policies

Name: _____ DOB: ____/____/____

****PLEASE READ THIS FORM CAREFULLY BEFORE INITIALLING AND SIGNING****

Spa Etiquette

To maintain a safe, quiet, and relaxing environment, we ask that **children under the age of 10 not be present in our office, including the lobby.**

Patient Initials: _____

Appointments cannot be made, cancelled, or rescheduled through Instagram or any other social media. Please call our office and our staff will be to happy help with any scheduling needs.

If you are late, we will do our best to accommodate you, but cannot guarantee your full service time.

Patient Initials: _____

Dental Procedures

I understand that it is my responsibility to relay to my provider if I have had any dental work 2 weeks prior to or plan to have dental work 2 weeks after a scheduled filler appointment.

Patient Initials: _____

Before & After Photo Consent

I am authorizing Skin Ritual and its providers and staff members to take before and 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.** Photos will not be used for social media unless a separate consent form is signed.

Patient Initials: _____

Signature of Patient or Legal Guardian

Date

SKINRITUAL

Cancellation Policy

Name: _____ DOB: ____/____/____

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Appointments & 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 or no show** your appointment, a **\$75 fee will be charged automatically** to your card on file for the 1st late notice/no show.

Subsequent late notice/no shows will result in an automatic \$200 fee charged to your card on file. A deposit may be required to schedule future appointments.

The 24-hour notice applies to Monday appointments. Please leave us a voicemail or send a text message to **480-418-2552** to cancel or reschedule over the weekend.

Signature of Patient or Legal Guardian

Date