



SPA CANCELLATION AND REFUND POLICIES

You acknowledge that you will be having a spa service performed, which may include laser or injectable treatments or skincare products. Your doctor / technician strives to provide the best results possible from the treatment you receive. It is possible that in order to achieve the desired results, your doctor / technician may have to provide additional and/or different treatments that are needed and may carry an additional fee.

Spa services and products are non-refundable. **Initials** _____

APPOINTMENTS

To make an appointment: please contact us directly by calling 954-440-2486. You have a standing appointment: Your appointment is reserved exclusively for you. Upon scheduling your appointment, patients will be asked to use a credit card to guarantee the appointment. You will not be charge a fee for your appointment.

A \$50 fee will only be applied to your credit card should you cancel within less than 24 hours or fail to show up for your appointment. We also recommend that you schedule future appointments in advance to ensure your preferred time is available. By scheduling an appointment, you are agreeing to our cancellation policy. **Initials** _____

When should I arrive? If you are schedule for dermal fillers, laser treatments or special peels we recommend you arriving 15 minutes prior to your appointment time so that we can properly prepare your skin for the treatment. As we are a medical spa, we require new patients to fill out a brief medical history information and consent form.

Is there anything I should do prior to my appointment? We ask that the Laser Hair Removal patients come shaved before a treatment.

What if I am late for my appointment? Our scheduling is designed to permit the correct amount of time to complete your service. A late arrival will deprive you of precious treatment time. In fairness to others, your treatment must end on time so the next patient's session can begin on time. If you are not able to be on time we will do our best to complete as much of your treatment as possible. With some treatment, it may be necessary to reschedule your appointment. **Initials** _____

Cardholder Obligations

Your signature acknowledges that you hereby agree to reimburse the NU-U Med Spa on your quote sheet. You also agree to perform the obligations set forth by your cardholder agreement or otherwise.

Patient Name: _____ **Date:** _____

Signature: _____