Cosmetics

Acknowledgement of Cancellation Policy

Patients are responsible for providing 24 hours notice for appointment cancellations or changes. If you cancel without notice, **we lose two patients** – you and the person who would have been treated in that time slot.

I acknowledge that if I do not provide 24 hours notice, I may be charged 50% of the fee for the scheduled appointment.

Date: _____

Name: _____ Signature: _____