

# Appointment contract and cancellation policy

## INITIALS

\_\_\_\_\_ I understand that I am paying for a booking fee of \$ \_\_\_\_\_ which will be applied for the following service of \_\_\_\_\_ which the total fee is \$ \_\_\_\_\_ .

\_\_\_\_\_ I understand the booking fee is non-refundable if I cancel or fail to show up for the designated appointment time of \_\_\_\_\_ .

\_\_\_\_\_ I understand my paid booking fee will be applied to the total cost of the service.

\_\_\_\_\_ I understand that if I re-schedule my appointment within 48 hours of the above appointment time a new booking fee will be charged and the original booking fee will not be applied to my service.

\_\_\_\_\_ I understand that if my procedure is scar camouflaged, my total fee is an estimation for \_\_\_\_\_ number of procedures. Any additional procedures required will be additional cost and is not included in this estimate and requires an additional deposit.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
NAME (SIGNATURE)