

Corlase OFFICE POLICY

Please read carefully as this policy is imposed.

APPOINTMENTS

Our office does not overbook or double book appointment slots, which means a specific appointment time is reserved for your treatment. We try our best to stay on schedule. We write down your appointment time for you but you are responsible for keeping your appointment time. If you do not show up for your appointment, or cancel at the last minute, we are unable to offer someone else that time which compromises our business. Please arrive a few minutes prior to your scheduled appointment in order to provide you with the treatment time required. Arriving late may reduce the length of your treatment or forfeit your entire appointment time to properly accommodate the next patient. If you are late, we will do the remainder of time, if possible. You are responsible for payment of time scheduled. We do understand that emergencies occur and we will take those situations into consideration. _____

Initials

CANCELLATIONS

We request a 24 hour advanced notice of any appointment scheduled for one hour or less and we request a 48 hour notice for appointments of one hour or more. Any cancellation notice less than 24 hours for electrolysis will be charged for the time scheduled. Late cancellations appointments for laser treatment will be charged 50 % of the treatment fee or 100% for no show appointments. Please do all cancellation by phone and NOT e-mail. _____

Initials

PAYMENTS

We accept maser card, visa, checks and cash. We also have gift certificates.

FYI

For the health and well being of all of our clients, our clinic is smoke free. As a courtesy to you and other clients we ask that **ALL Cell Phone usage be done outside of the office.** Please turn off or to no volume your cell phones.

It is imperative that we are informed if you are taking any new medications, or if there are any changes in your health history since your last visit. Because of safety regulations, children are not permitted in the laser treatment area.

We place great importance on relationships where there is mutual respect and positive interaction between us. We truly believe that spending quality time with each patient is important. Therefore, we sincerely hope that if you find yourself in a situation where you must pay a cancellation fee, you will remember how hard we work to satisfy your needs.

We encourage you to ask questions so please do not sign this form unless you fully understand it.

I acknowledge that I read, understand and accept this policy.

Patient Signature

Date

Print Name Please