

BODY AESTHETICS

Balance. Proportion. Symmetry

Treatment Agreement

Name: _____ Date _____

Treatment Area: _____

Amount: _____

Product Used: _____ PRICE: _____

Total: _____

- I understand and agree with the following statements:
Treatment area(s) that will be treated and the total price.
- Treatment outcome depends on the individual and that the outcome cannot be guaranteed due to metabolic, genetic and environmental factors.
- Satisfaction will not be attainable with the end results if my expectations exceeded the possible end point outcome.
- During the procedure and clinician may recommend further treatments to meet my satisfaction.
- Typically, maintenance treatments are needed.
- No show charge is \$50 without 24hour notice of cancellation.

Signature

Date

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