



Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies \_\_\_\_\_

History/Prior Treatments

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

REFUNDS – Services: We do not offer refunds on any services rendered even if you are disappointed in the result or unhappy with the outcome. Products: We do not offer refunds on products purchased. No refunds rendered on discounted packages or specials as items are ordered in advance.

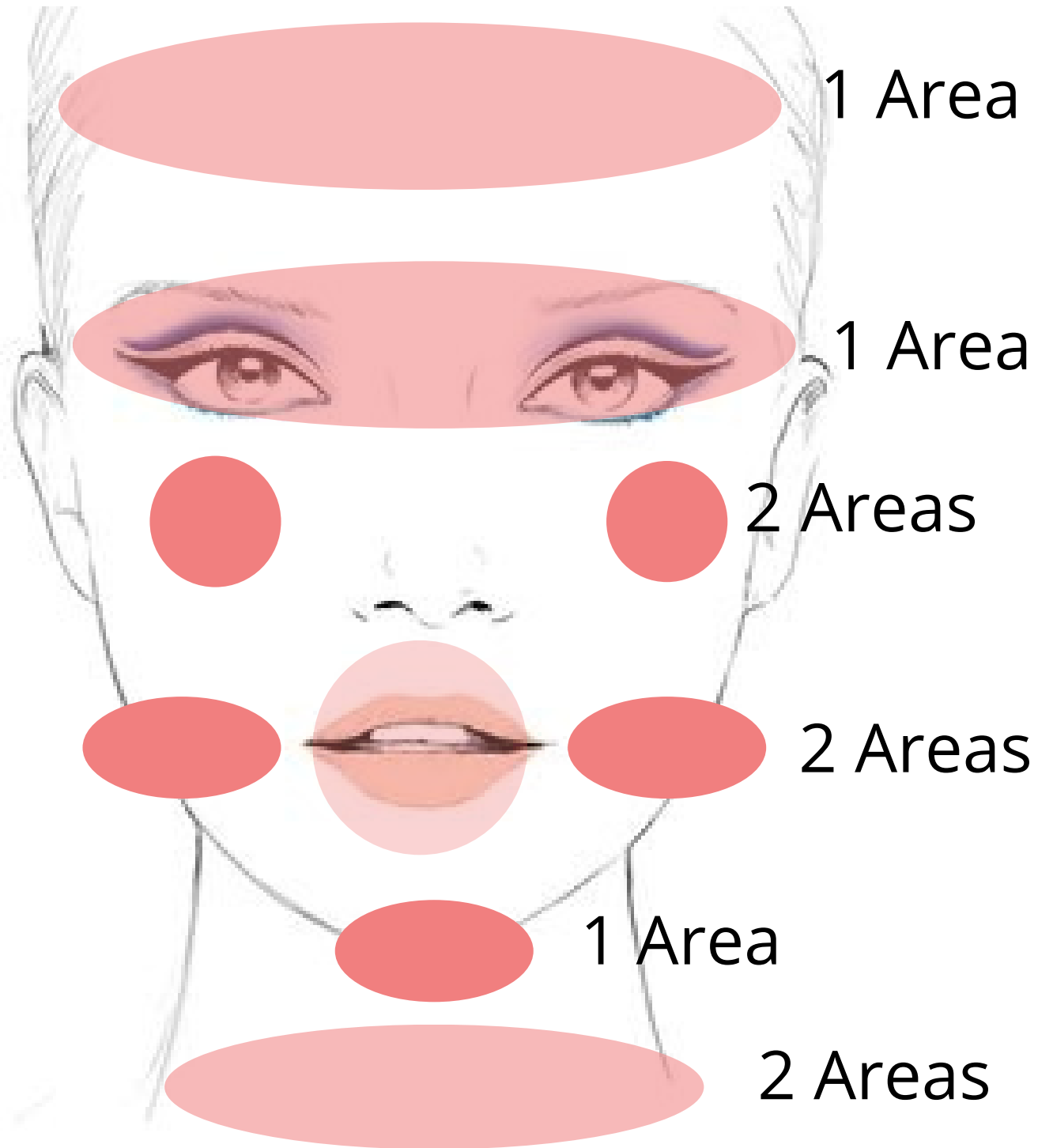
PRACTICE-PATIENT RELATIONSHIP – We love having you as a patient, but we do reserve the right to refuse service at any time, to anyone, for any reason.

PRICE AGREEMENT for service of package

Signature of treatment received and provider signature of  
services completed/Date

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There are 7 Areas on a Face/Neck for All Laser Treatments