

Dear Ageless Guest,

We pride ourselves upon staying on schedule and understand that your time is valuable. Therefore, all treatments are by appointment only. When a patient is late or does not show for an appointment, this not only creates disruption in the flow of the schedule, but it also necessitates assigning a valuable staff member to put our schedule back together. We ask for your help in honoring your appointment time(s) and when necessary to reschedule the appointment. We ask that you arrive (15) minutes early for your appointment. Please read and initial each statement below to ensure implementation of our policies. We thank you for your patronage and understanding. We look forward to the priveledge of serving you.

\_\_\_\_ (Initial) I certify that I understand that photographs are a pre-requisite for all purchases (retail and treatments). Photos gathered include facial photographs for our medical electronic charts at check-in are required and if applicable, the areas of the body being treated will be photographed in the treatment rooms. If I choose not to be photographed, I understand that treatments/purchases will not be received.

\_\_\_\_ (Initial) I certify that I am advised that no pets, only service animals, are allowed in the MediSpa. If I do have a service animal, I advised that I need to state so at scheduling to assure the appropriate practitioner is available as various staff members present anaphylactic/allergic reactions at exposure. Failure to inform of a service animal at scheduling may require rescheduling.

\_\_\_\_ (Initial) I certify that I am advised that no other guest is permitted in the treatment room during my appointment(s) at any time. This assures safety and that of our practitioners during services.

\_\_\_\_ (Initial) I certify that I understand that out of respect for other patrons, I must silence and refrain from utilizing any electronic devices while in the MediSpa. Recording, streaming and/or photography is not permitted while on premises unless prior approval is granted by management.

\_\_\_\_ (Initial) I certify that I understand that a (24) hour notice is **required** for all scheduled treatments and services requiring modification. If notification is not received within in the required time frame, I will be charged a \$75 "Late Cancellation" fee.

\_\_\_\_ (Initial) I certify that I understand that arriving (5+) minutes late for my appointment may require rescheduling, and I will be charged a \$75 "No Treatment" fee.

\_\_\_\_ (Initial) I certify that I understand that all sales are final. No refunds are issued on services, treatments, or products, including hardcopy or virtual gift cards and certificates. Hardcopy or virtual gift cards and certificates cannot be exchanged for cash or reduced to a lower value. I am advised that Ageless Aesthetics MediSpa will, upon request, issue account credits, or exchange service(s) of the same value. No returns on products are accepted and exchanges may be made on unopened products only.

\_\_\_\_ (Initial) I certify that I understand that if any of my scheduled treatments/procedures require modification or cancellation, I will contact the medical spa at 505.473.SKIN (7546) within the required time frame mentioned above. If I am unable to contact an Ageless Aesthetics MediSpa representative within normal business hours, I am advised to leave a detailed voicemail. I understand that the voicemail system date-stamps/timestamps all voicemails with Mountain Standard Time (MST) zone times. Cancellations and modifications must be made within the MST zone in order to avoid aforementioned fees.

\_\_\_\_ (Initial) I certify I understand that after (3) "No Show/No Treatment" occurrences, future appointment requests will only be accepted when pre-paid in full at the time of scheduling. If I do not show up for my appointment, I understand I will not be charged a "No Show" fee but will instead absorb the pre-paid amount.

\_\_\_\_ (Initial) The policy of Ageless Aesthetics MediSpa is a standard practice in the Medical Spa Industries worldwide. In refusing to initial and sign this policy, Ageless Aesthetics MediSpa may decide not to provide treatment or services.

By my initials (above) and signature, I acknowledge that I have read, understand, and agree to the policies and procedures as defined in the aforementioned.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_