



## **COSMETIC SERVICES AND PRODUCTS POLICY**

I understand that if I am scheduled for a cosmetic appointment and I discuss anything medically with my physician or physician assistant, I will also be billed separately through my health insurance or I will be responsible to pay as a self-pay patient.

I understand that all cosmetic products are:

- Non-refundable
- Non-transferrable to another person, product or service.
- All services must be used within one year of date of purchase.

I understand the policy outlined above for all cosmetic services and products:

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

Patient Signature: \_\_\_\_\_

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