SkinMD
BELLE MEADE | NASHVILLE

Aesthetic and Cosmetic Appointment Policies

Scheduling:

To ensure that you obtain your desired appointment day and time, we recommend that you schedule your appointment as far in advance as possible. To accommodate your desired appointment, a credit card is required at the time of booking to guarantee your reservation.

No Show/ Cancellation Policy:

Your appointment is reserved especially for you. We value your business and ask that you respect our scheduling policies. Should you need to cancel or reschedule. Please notify us at least 24 hours in advance. Any cancellations with less than 24 hours notice are subject to a cancellation fee amounting to the cost of the scheduled service. Clients who miss their appointments without giving prior notification will be charged in full for their scheduled service. **_____Initial**

- If the appointment is for dermal filler, neurotoxins, sclerotherapy, or laser treatment, you will be charged a standard fee of $100.

- Pre-purchased services/treatments will also receive a $100 fee for late cancellation/no show.

- If you have purchased a package of treatments (laser, peels, microneedling, etc.), those treatments should be completed within the timeframe recommended by your provider. If you do not follow the recommended treatment scheduled, you will not be reimbursed for the treatment you missed. **_____Initial**

We recognize the time of our clients and staff is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business, but also the potential business of other clients who could have scheduled an appointment for the same time. **_____Initial**

When you schedule your appointment with us, you are agreeing to these policies. All services require a credit card to guarantee a reservation so please have your credit card ready when booking. You will not be billed unless there is a cancellation or no show. Upon checkout, guests may choose their method of payment. **_____Initial**

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Name   **Date**

_____   **Office Use Only: Card on file Y / N?**

Signature