

# Cosmetic Treatment Consent and Payment Terms Form

Please read this document carefully. This form outlines the consent for cosmetic treatments and the associated financial policies and payment terms. Fill in all the required text fields prior to signing.

## 1. Patient Information

Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

## 2. Proposed Cosmetic Treatment(s)

Treatment(s) to be Performed:

Target Treatment Area(s):

## 3. Informed Consent

By writing your initials in the box below, you acknowledge and agree to the following terms:

- I understand the nature, purpose, risks, and benefits of the proposed cosmetic treatment(s).
- I understand that cosmetic procedures are not exact sciences and no guarantee or assurance has been made as to the final results.
- I agree to follow all pre- and post-treatment instructions provided by the practitioner.

Please type your initials to acknowledge consent:

## 4. Financial Policy and Payment Terms

- **Payment Due:** All fees for cosmetic procedures must be paid in full at the time of service.
- **Refund Policy:** All cosmetic treatments, packages, and prepaid procedures are non-refundable.
- **Cancellation Policy:** Cancellations made less than 24 hours prior to the scheduled appointment time may be subject to a cancellation fee.

Agreed Total Fee for Today's Session:

Preferred Payment Method (e.g., Cash, Credit, Financing):

Please type your initials to acknowledge payment terms:

## 5. Acknowledgment and Signature

By signing below, I certify that I have read, understood, and agree to the consent for treatment and the payment terms outlined in this document.

Patient Signature (Type full name to sign electronically):

Date signed (MM/DD/YYYY):

Witness/Practitioner Name:

Witness/Practitioner Signature: