

Name: _____	Date of Birth: _____
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A deposit of \$100 is required at this Medi-Spa _____ for any consult with the attending physician or attending nurse. This deposit must be paid at the time the consult is booked either by cash, debit or credit card. No personal cheques are accepted. This deposit will be required when booking over the phone or internet. The consult must be within 8 weeks of the date of deposit or the deposit is forfeited.

On any consult deposit paid will be non-refundable should patient not show up or are later than 15 minutes of said appointment. Should client have consult and is not a candidate for service required but another service may be offered at the Medi-Spa this may deducted from service provided. Should client not be a candidate for any services offered at the Medi-Spa this deposit will be returned to the client.

All deposits must be applied to the procedure/service booked only. If service must be changed there will be no refund, there will only be a store credit offered. This must be approved by management.

The deposit will be placed on account and will be deducted from the total owing on the date that the service is performed.

Client Name: _____

Type of Service: _____

Date of Service: _____

Price of Service: \$ _____

Deposit: **\$100.00** Paid by: Cash Debit Card Credit Card

Date Paid: _____

This policy has been reviewed with me and I acknowledge that I understand and agree to the terms and conditions.

Print Client Name	Signature of Client	Date
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Print name of Service Provider	Signature of Service Provider	Date
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For Office Use Only: Deposit processed by		
Print Name	Signature	Date