

Practice Policies

Sadrian Plastic Surgery, Laser and Skincare Institute is honored to have you as a patient of our practice. Our goal is to provide you with the most effective cosmetic services possible. We are committed to excellence and dedicated to your care and safety. Please take a moment to read through & initial the following policies that we have set forth to ensure a positive experience for both our patients and providers.

Scheduling Policy*

Non-Surgical Procedures/ Treatments

Initial _____ A **\$75 deposit or credit card on file** may be required when scheduling an appointment for a non-surgical procedure or treatment. Your deposit will go toward your procedure or treatment and will be deducted from your balance due. If you are in a prepaid package of treatments, a **credit card** is required to hold your appointment time. In the event that you need to cancel or reschedule, we ask that you give us **48 hours notice**; otherwise you will forfeit your deposit or be charged \$75 for the appointment.

CoolSculpting & ProFractional Laser

Initial _____ A **\$500 deposit** is required when scheduling CoolSculpting or ProFractional Laser Treatments. Your deposit will go toward your procedure or treatment and will be deducted from your balance due. In the event that you need to cancel or reschedule, we ask that you give us **48 hours notice**; otherwise you will forfeit your deposit.

Surgery

Initial _____ A **20% refundable deposit** is required to reserve your surgery date at the time of scheduling. Your deposit will go toward your surgical procedure and be deducted from your balance due. Surgery payment is due no less than three weeks prior to surgery. For more information regarding the surgery scheduling policy, see "Surgical Quote Agreement." In the event that you need to cancel or reschedule, we ask that you give us **48 hours notice**; otherwise you will forfeit your deposit or be charged \$275 for the appointment.

Financial Policy

Initial _____ All cosmetic services (aside from surgery) must be paid in full on the date the service is completed. We accept payment by cash, personal/cashier's checks with valid ID, and Visa, MasterCard, American Express, and Discover credit cards. We assess a \$25 fee for each check returned because of insufficient funds. For your convenience, we partner with CareCredit which may allow you to pay for services over time.

Initial _____ Prepaid packages are non-refundable. If you choose to discontinue your series and have unused treatments left in your package, you may use the remaining balance toward products or other services. Remaining pro-rated balances will not include the discounted price of treatments in the package. Packages must be completed within one year unless noted otherwise.

Initial _____ Skincare products maybe returned unopened **within 30 days** of purchase. California State Law prohibits the return of prescription grade products, such as Latisse and products containing Hydroquinone.

Initial _____ The practice of medicine and surgery is not an exact science, and therefore, reputable practitioners cannot guarantee results. The results of certain procedures may not last as long as expected or meet the degree of your expected improvement. It is important that you understand that all services are non-refundable. Additionally, if complications should develop or surgical revisions are necessary, you may incur additional cost

Records Request

Initial _____ California State Law states that Sadrian Plastic Surgery, Laser & Skincare Institute has **up to 15 days** to fulfill any requests for records. All record requests require a **\$25 processing fee**.

**As a courtesy to our patients, we attempt to remind patients of appointments by phone/email/text 72 hours in advance. If you choose not to provide your contact information, you will not receive a reminder. Should the appointment reminder system fail for any reason and you do not receive an appointment reminder, it is still your responsibility to manage your appointment and adhere to the cancellation policy.*

I have read and agree to the Practice Policies set forth by Sadrian Plastic Surgery, Laser & Skincare Institute.

Print Name _____

Patient Signature _____

Date _____