

Policy Form

Please initial each section, then sign and date the bottom of the page.

Consent for Services:

I give Skin Magic consent to provide any and all services agreed upon before my appointment. I also give permission to perform any service suggested by my esthetician if I give verbal consent. I understand that there are inherent risks that could be encountered, including but not limited to breakouts, dermatitis, swelling, redness, sensitivity or allergic reaction.

Initials: _____

Cancellation Policy:

I understand that Skin Magic requires 24-hour notice of cancellation. If I cancel my appointment without a 24-hour notice, I am responsible for paying 50% of services scheduled for that appointment. If the appointment is rescheduled within that same week, the cancellation fee will be void. Cancellations and reschedules can be made by phone or email.

Initials: _____

Financial Policy:

I understand that all payments are to be paid in full at the time the services are rendered. Skin Magic does not accept any health insurance plans; therefore, all payments are out of pocket. Skin Magic accepts cash, check, and all major credit cards. If needed, payment plans are available for packages upon request.

Initials: _____

Release of Information *(optional: please circle Y for "yes", or N for "no")*

I give Skin Magic consent to upload my "before and after" photos on the website and/or social media pages. **Y / N**

I give Skin Magic consent to use my "before and after" photos and/or personal testimony for display at the office. **Y / N**

I give Skin Magic consent to use my first name only when quoting my testimony on the website. **Y / N**

Name (printed): _____

Signature: _____

Date: _____