

ACCEPTING THE TERMS OF SERVICE

The Drs. Vanderlinde Laser Service Park Place Suite E 316 US Route One York, ME 03909 207-363-0555

_____ My signature at the bottom of this form verifies that I have read every detail below and have had every question answered so that the office policies concerning these appointments are very clear to me. I accept these terms and conditions as being fair for all. And I will abide by them.

_____ I understand that while the persons treating me with this Laser are both physicians, this is purely an elective, aesthetic visit and that we will not be discussing medical concerns, except as related to the laser treatment itself. I will make a separate GYN appointment to review my other personal concerns.

_____ I understand that none of these treatments are covered by any medical insurance. I will be personally responsible for the full cost of each treatment session before or at the time of service.

_____ I understand that I may prepay my visits for a discounted package price. I realize that there will be no refunds, but the cost is transferable to another treatment site or to another person of my choosing -- if they meet medical safety criteria.

_____ I understand that the price goes down after the 4th visit for treatment at the same site, since Dr. Vanderlinde is willing to share in the risk of getting good results soon. It is even lower for maintenance.

_____ I expect to pay **in full** for each session that is not cancelled **at least 24 hours in advance**, since my session time could have been used for another patient. If the time can be filled with another client, then there will be only a nominal charge (\$10) for not notifying of my inability to make the appointment. (Except in the case of a natural disaster or physical emergency.) I will pay the service charge at my next visit.

_____ If I am more than 10 minutes late, I will not be allowed to make up the laser time at the end of the session if there are other patients waiting. I will still be charged for the full price of the session that was booked.

_____ I am allowed to come in 30 – 60 minutes prior to my session to apply a topical anesthetic cream of my choosing, and wait for my appointment in comfort and privacy. I can also use ice before and after treatment for added benefit.

_____ I can choose to purchase mouth guards or anesthetic creams if I desire extra pain relief. These are not included in the treatment price since each patient's needs are different.

_____ I agree to come in to my appointment with my skin prepared as directed, and to follow the post treatment instructions to achieve the best results as stated below:

_____ FOR ALL LASER TREATMENTS:

- _____ Remove makeup and have treatment area clean
- _____ Shave treatment area that day or the day before
- _____ No active tanning within 2 weeks before visit

_____ FOR LEG VEIN ERASING

- _____ Bring an ace wrap or TED hose to apply after treatment
- _____ Keep legs elevated with cool compresses for a few days
- _____ No exercising, hot tubs or showers for a few days

Printed Name

Signature

Date

Reviewed by Dr. \ derlinde