Aesthetic Skin Care

Permanent and Reconstructive Cosmetic Policy

Micropigmentation Cancellation Policy:

- Each Scheduled procedure requires a $200 deposit to confirm all appointments. Deposits ARE NOT refundable. The $200 deposit will be applied toward your payment. Your cost is for 2 visits (except for scar and scalp tattooing).

- We require 48 hours (2 business days) to change a scheduled appointment. In the event this appointment is cancelled without the proper notice or results in a no-show, all deposits will be forfeited.

- If you are more than 15 minutes late or a no-show, the appointment will be cancelled and all deposits forfeited.

- It is a courtesy to Aesthetic Skin Care and our other patients that you are mindful of your appointments. If 3 consecutive appointments are missed without prior notification, you will not be eligible to make future appointments.

Follow-up for Facial Tattooing:

- After the initial procedure, you will need to come back in 4-6 weeks (appointments need to be completed by 8 weeks). There is no charge for appointments within this time frame. Appointments outside of 8 weeks will result in additional fees.

- If you do not attend your follow-up appointment or fail to cancel with at least 48 hours' notice, there will be a $200 fee to reschedule the treatment.

- Please be aware that the final result of your procedure(s) is determined by how you care for your procedure, how you heal and your lifestyle. Aesthetic Skin Care makes NO guarantee on how long the tattoo will last. Overtime the application can possibly fade from sun exposure, smoking, medical conditions and age. Any additional visits after your included 2 visits will incur additional fees.

- We recommend a yearly maintenance visit for facial tattooing. The cost of the yearly maintenance visit is determined by how many visits you will need. If you are retaining the color, you will most likely only need one visit.

Refund Policy:

- There will be NO refunds issued.

I have read and I understand the policy as written.

x_____ _____

Patient Signature Date

x_____ _____

Practitioner Signature Date