



Informed Consent – General Policies

This Informed Consent Form is intended to provide you with information needed to make an informed decision to undergo treatments provided by VIDA Aesthetic Medicine.

Please initial next to each line:

- Our policy is to receive payment on the day of service unless the package has been pre-paid. **Cancelled packages will result in forfeiture of a 10% administration fee.**
- All skin care products have a 30-day refund policy. After 30 days and up to 90 days, a credit may be applied to your account. Not all skin care products can be returned (e.g. SkinMedica).
- All appointments that are not given 24 business hours advanced notice of re-schedule and **no shows are subject to a \$50 charge for esthetician services and \$100 charge for injector services per 30 minutes.**
- All appointments longer than 2hrs **are subject to a \$200 non-refundable deposit**, which can be redeemed only for credit on your account.
- Sculptra treatments require a \$500 deposit that is non-refundable 3 days prior to treatment.**
- If you have a history of cold sores or herpes, anti-viral medications should be taken before any laser treatments in that area unless otherwise specified. Please discuss this with your clinician.
- Please keep in mind that while many of our procedures are safe during breast-feeding, should the need arise for oral medications, not all medications are safe to use while breast-feeding.
- I agree to notify VIDA Aesthetic Medicine of all side effects immediately.
- I understand that side effects listed in the consent forms are not exhaustive of all complications and I understand that unexpected complications can occur as a result of the procedure.
- I agree to notify VIDA Aesthetic Medicine of any change in medical history including pregnancy.
- I understand that the services provided by VIDA Aesthetic Medicine are cosmetic in nature and do not claim to treat nor cure any medical condition.
- I understand that pre and post photographs will be taken to aid in my care but are not for public use. *(Photos will not be used for advertising purposes without a separate written consent).*
- I understand that medicine is not an exact science and that results can be variable.
- No guarantees have been expressed or implied as to the result of the procedures.

I certify that I have read and fully understand the above consent and explanations. I have been given the opportunity to have all of my questions answered to my satisfaction and understanding regarding the above by a VIDA Aesthetic Medicine representative. I understand that VIDA Aesthetic Medicine retains professional liability insurance for its employees. I also understand that VIDA Aesthetic Medicine may recommend that I follow up with my dermatologist or primary care physician. I have been offered a copy of this informed consent if desired. I hereby authorize the taking of photographs, with the full understanding that such photographs may be used for education, research purposes, or in the event of legal action. I hereby transfer and assign VIDA Aesthetic Medicine the exclusive right to use such photographs for the above purposes.

The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

Patient Signature: _____
(Type your *FIRST AND LAST NAME*)

Date: _____

Witness: _____

Date: _____