

SOUTHWEST WOMEN'S CARE

Agreement of Understanding

Patient Name: _____ Date: ____/____/____

Please read and initial each paragraph signifying you understand the following policies during the initial training period for all physicians and technicians administering hair and vein removals; sun spot removal; Botox® cosmetic; Juvederm and skin care.

_____ I have been notified and fully informed that the procedure to be done is a cosmetic procedure as defined by the insurance industry. I understand that cosmetic procedures/services are determined to be “not medically necessary”. This procedure cannot be filed with any insurance company for payments or reimbursement by me or any other party. I hereby agree to be held personally and fully responsible for payment of the entire procedure as outlined by the practice.

_____ I understand that cosmetic procedures are not an exact science. Although our staff strives for the best results with all treatments, the efficacy may vary among individuals. I may see excellent results, partial results, or no results. Refunds will not be requested or expected by me.

_____ I understand that children and guests are not permitted in any procedure room for any reason due to significant medical and safety risks. Children under 10 years of age are not permitted unattended in the waiting room at any time.

_____ I have read and understand the consent(s) form(s) pertaining to my procedure(s) and I agree to hold harmless and release from any liability Southwest Women’s Care or any of it’s officers, or employees for any condition or result, known or unknown that may arise as a result of any treatment that I receive.

_____ I understand that photographs may be taken before, during and after any procedure for documentation in my medical record.

I have read and understand the above stated policies.

Date

Date

Patient Signature

Witness Signature

Patient - Print Name

Witness - Print Name