

PARKER AESTHETICS

Office Policies

Client photos may be taken for before-and-after images. These images will remain private and will only be accessed by Parker Aesthetics, LLC, Joanne Accardi, FNP staff & practitioners. An additional consent form will be provided if photos will be used for further educational purposes.

Parker Aesthetics sends an appointment reminder via email and or text 48 priors to your scheduled visit. All cancellations or reschedules must be made 24 hours prior to appointment times. A fee of \$50 will be charged for any insufficient cancellations, reschedules or no shows.

All services are non-refundable, non-transferable and must be paid at the time of your first treatment.

Specials are not valid with other specials or discounts. Specials must be referenced at time of purchase. Prepaid services / specials are valid for one calendar year from date of purchase.

Skin care products are non-refundable. They may be exchanged for another product, or you may request a credit to be used toward a future service/purchase.

Referrals are the greatest compliment we can receive! You will be awarded a credit of \$30 toward your next service per person referred. This credit cannot be combined with any other specials or offers.

All fees are due at the time of service. We accept cash, checks, Visa, MasterCard and Discover and American Express.

Hours are 9 a.m. - 5 p.m. Monday through Friday and Saturday and evenings by appointment only. We are closed on Sundays and most major holidays.

Gift certificates can be purchased and are valid for one year from the date of purchase.

Your treatments are professionally performed. For optimal results of all treatments it is imperative to be consistent with your treatment instructions, pre and post care compliance and return for your follow up appointments as recommended and requested by your specialist.

I have read and understand the office policies and have completed this questionnaire and the “Client Information Sheet” truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from the treatment received. I am aware that it is my responsibility to inform Rebecca Reece-Porter, Parker Aesthetics, LLC, Joanne Accardi, FNP staff and practitioners of my current medical or health conditions and to update this information. The treatments I receive here are voluntary, and I release Parker Aesthetics, LLC, Rebecca Reece-Porter, Joanne Accardi, FNP, staff, practitioners and its skin care professionals from all liability. I, as client, agree to assume full responsibility thereof.

Print Name: _____

Client Signature: _____ Date: _____