

Advance Laser & Cosmetics

Financial Agreement for Cosmetic Procedures

I, _____ agree that any cosmetic procedure/treatment preformed by Dr. Roham or Advance Laser & Cosmetic Staff are my financial responsibility.

I ALSO UNDERSTAND AND AGREE TO THE FOLLOWING:

I am financially responsible for the full cost of any procedure or treatments preformed by Dr. Roham.

I understand that the fees, deposits and/or payments collected are for the procedure/treatment I received today, with the exception of pre-paid packages.

I understand that future follow up care and/or subsequent treatment/procedures will be paid individually.

I understand that any Pre-Paid Treatment, Fees, Deposits and/or Payments for packages are also NON-REFUNDABLE and NON-Transferable.

I understand that there are NO CREDIT CARD CHARGE BACKS/DISPUTES. Any financial dispute will be resolved directly between me and Dr. Roham/Advance Laser & Cosmetics.

I also understand that all deposits or payments I make to Advance Laser & Cosmetics are NON-REFUNDABLE.

Patient Signature _____ Date _____

Witness Signature _____ Date _____