

Patient's Name _____
Last First Middle

Address _____
Street & Apt # City State Zip

Cancellation Policy

I understand that the Laser & Cosmetic Surgery Specialists, PC has a 48 hour cancellation policy for all appointments scheduled. I understand that I must call and cancel, or reschedule my appointments within 48 hours prior to my appointment time. If I fail to do so, I give the Laser & Cosmetic Surgery Specialists, PC permission to charge my credit card or debit card the following:

\$100.00 fee for all appointments with Dr. Ran Y. Rubinstein
\$50.00 fee for all appointments with the Medical Spa

I understand that my credit card information will be kept on file and it will be used if I fail to comply with the cancellation policy.

Signature _____ **Date** _____

Witness _____ **Date** _____

Last minute scheduling Policy

(within 48 hrs)

I would like to be contacted in the event that Dr. Rubinstein's schedule has a last minute opening. I will receive **\$50 OFF** my treatment if I schedule in the time frame requested.

\$50 OFF Treatment

Signature _____ **Date** _____

Witness _____ **Date** _____

Thank you