**Name:** ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** MALE / FEMALE **SS #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZIP:** \_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_ **Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pharmacy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pharmacy Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to be on our email list for appointment reminders and a once a month notice of our Exclusive Specials: Yes** \_\_\_\_ No \_\_\_\_

How did you hear about us? Friend\_\_\_\_\_Google Search\_\_\_\_\_Social Media\_\_\_\_\_\_\_ Physician Referral \_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_-

**CANCELLATION AND MISSED APPOINTMENT POLICY**

Should you need to cancel or reschedule your appointment at Severn River Medical Spa & Laser Surgery, please do so no later than **2 business days** prior to your appointment. This gives us time to schedule those that are waiting for appointments. Failure to do so will result in a non-refundable fee, as outlined below.

* Clients will **lose the deposit that was made,** not to exceed $200, when scheduling the appointment, and upon rescheduling their appointment to an alternative date, the client will be required to make a new deposit.
* Clients coming in through Groupon will be assessed a **$50 fee.**

By signing below, I agree and understand the terms as outlined above. I understand that fee associated with the policy above is non-refundable and is not applied towards any treatment cost.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Patient Signature (Parent, Guardian or Legal Guarantor if applicable) Date