CLIENT'S NAME _____
FIRST LAST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE_____ CELL _____

EMAIL_____
AGE_____ BIRTHDAY_____
SEX ▢ FEMALE ▢ MALE ▢ TRANSGENDER ▢ NON-BINARY ▢ PREFER NOT TO RESPOND

OCCUPATION_____ HOBBIES_____

MARITAL STATUS ▢ SINGLE ▢ MARRIED ▢ DIVORCED ▢ WIDOW

ARE YOU UNDER A PHYSICIAN'S CARE FOR ANY CONDITIONS? ▢ YES ▢ NO
IF YES, WHOM?_____
HOW DID YOU HEAR ABOUT US?_____

FINANCIAL POLICY

Thank you for selecting D'Vine Medical Spa for your health and cosmetic care needs. We are honored to be of service to you and your friends and family. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time of services are rendered. For your convenience, we accept all major credit cards and cash. No Refunds will be given for treatments received. I am fully aware that the treatment is nontransferable and non-refundable and prepaid services are valid for ONE YEAR from the date of purchase. I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection and/or court costs and reasonable legal fees, should they be required.

CANCELLATION POLICY

A booking deposit of $50.00 will be required by any and all clients in order to secure desired appointment date/time. This deposit will be used towards the balance of the services rendered. This booking deposit is non-refundable. In case of rescheduling and/or cancellation, booking deposit will be used towards rescheduled appointment securing fee which must be applied within 30 days. If you wish to cancel your treatment appointment, you will receive a $50 D'Vine Spa Credit towards a new service/treatment/products.
As a courtesy to other clients and our providers, cancellation or rescheduled appointments must be received at least 48 hours prior to appointment time to avoid a $50.00 late fee.

HIPPA POLICY

I understand that the HIPPA policy is available in the office for all patients to review. I, the undersigned, agree that the information provided is accurate and try to the best of my ability. I further agree to hold D'Vine Medical Spa harmless for any adverse outcomes that occur as result of information which I have knowingly withheld from this form. I understand that medicine is not an exact science and that no guarantees as to medical or cosmetic results have been given to me. I also agree to have pictures taken of skin lesions and/or before and after procedures for education and documentations purposes. I further understand that the staff of D'Vine Medical Spa recommends that I have a total body skin examination performed annually in order to detect abnormal growths. I have read and understand all of the above and have agreed to these statements.
Please Read our Full Policy or Request a Copy.

PATIENT SIGNATURE_____DATE_____

D'Vine Medical Spa
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(203) 528-4718