

# Arizona Laser Skin Solutions

"The Tattoo Removal Clinic"  
512 East Southern Ave. Suite D  
Tempe, AZ 85282 480-921-0767

Appointment Cancellation/Late and No Show Agreement

## READ CAREFULLY!

Due to the high volume and popularity of the treatments at Arizona Laser Skin Solutions, a very efficient and accurate scheduling process is imperative in order to continue our efforts in efficiency. Much time and preparation is required in order to prepare for your procedures.

Effective July 1, 2009, we must implement a strict 24 hour cancellation policy. Monday appointments must be cancelled by 3:00 pm the Friday before.

We require a 50% cash deposit or an active credit card on file to keep future weekday appointments. Our system will remind you by email 48 hours in advance if we are provided an email address. You will also be reminded 24 hours in advance via a computerized messaging system if we have your most updated phone number. If you NO SHOW or fail to cancel your appointment, your credit card/cash deposit will be charged a minimum fee of \$50, up to 50% of the appointment fee.

We do understand that problems do arise and you may be unable to keep an appointment due to unforeseen circumstances. If this occurs, call our office and we will consider a waiver of the fee.

We do hope that this will not offend, but rather make time available to all of our patients and allow us to keep our prices at the lowest possible point for all.

**SATURDAY APPOINTMENTS:** Saturday appointments require a full payment at the time of scheduling, either by credit card or cash deposit. A 48 hour cancellation is required for Saturday appointments. No Refund for no-show appointments or less than 48 hour cancellation.

I, \_\_\_\_\_, hereby authorize Arizona Laser Skin Solutions to make the charge as stated above in the event I fail to cancel or show for an appointment as stated above. I understand that the above fee will NOT be refunded or credited to me.

Credit Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

AVS Number (3 numbers on back of credit card) \_\_\_\_\_

Billing Name as it appears on card: \_\_\_\_\_

Billing Address, including Zip Code where credit card statements are sent: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_