

____ If you have a "1-800-Pharmacy" or "Dot Com Pharmacy," you are responsible for all contact with them.

____ We do not correspond with patients via e-mail.

____ All established patients telephone calls are triaged through the medical assistants.

____ If pre-treatment instructions have not been followed, your procedure may be cancelled.

____ If you are more than 15 minutes late for a scheduled appointment, rescheduling your appointment is required, unless otherwise specified.

____ Patients 18 years of age and younger must be accompanied by a parent or guardian.

My initials above and my signature below signify that I have read the above and understand the Aesthetic Dermatology office policies and procedures.

Patient Name _____ (please print) Patient Signature _____ Date _____