

Past Personal Skin History: (Please check all that apply)

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| <input type="checkbox"/> Undiagnosed Skin Lesions | <input type="checkbox"/> Keloid Scars | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Actinic Keratosis (pre-cancer) | <input type="checkbox"/> Melasma/"pregnancy mask" | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pigment Disorder (i.e. Vitiligo) | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Skin Cancer – circle all that apply: Melanoma Basal Cell Carcinoma Squamous Cell Carcinoma | | |

Patient Policies

****PLEASE READ CAREFULLY BEFORE INITIALLING AND SIGNING****

Spa Etiquette

To maintain a safe, quiet, and relaxing environment, we ask that **children under the age of 10 not be present in our office, including the lobby.**

Patient Initials: _____

Product Returns

Unopened products will be accepted for refund or account credit for 30 days after purchase.

Patient Initials: _____

Dental Procedures

I understand that it is my responsibility to relay to my provider if I have had any dental work 2 weeks prior to or plan to have dental work 2 weeks after a scheduled filler appointment.

Patient Initials: _____

Before & After Photo Consent

I am authorizing Skin Ritual and its providers and staff members to take before and after pictures of the procedure(s) that will be performed on me. I understand that these pictures will only be used to determine the optimum outcome of my service and/or treatment. **They will not be displayed for any reason.** Photos will not be used for social media unless a separate consent form is signed.

Patient Initials: _____

Appointments & Check-In

Appointments cannot be made, cancelled, or rescheduled through Instagram or any other social media. Please call our office and our staff will be to happy help with any scheduling needs.

A **48-hour notice is REQUIRED** for any **rescheduling or cancellation** of your appointments. **If you fail to provide us with a 48-hour notice or no show** your appointment, a **\$200 fee will be charged automatically** to your card on file. A deposit may be required to schedule future appointments. If you are late, we will do our best to accommodate you, but cannot guarantee your full service time.

The 48-hour notice applies to Monday appointments. Please leave us a voicemail or send a text message to **480-418-2552** to cancel or reschedule over the weekend.

Patient Initials: _____

Signature of Patient or Legal Guardian

Date