Simply Crystal Electrolysis and Skin Care St. Charles, IL

St. Charles, IL Office: 630-587-3700 www.simplycrystalskincare.com

NEW CLIENT INFORMATION

Date	Referred by
Full Name	C:h
Address	City
StateZip	City Home Phone
Work Phone	Cell Phone
	EMERGENCY CONTACT
Name	Phone
	Phone
Address	
	Credit Card Information
	ne use of my credit card for appointments broken without nour notice and for unpaid services:
	<u>.</u>
Exp Date	
Signature	

Appointments/Cancellation Contract

"for a appoi	respect for all of my clients time, if an appointment is missed or cancelled ny reason" with less than 24 hours notice, you will be billed in full for your ntment. here:
year r	ern of more than two to three missed appointments or cancellations per nay be cause for termination or revo cation of your standing appointment ring that you make future appointments on a week to week basis depending
appoir time y your a	te that due to unforeseen circumstances, you may arrive late for your named that the second interest in these instances, I will make every effort to see you for the remaining ou have left of your scheduled appointment, however, if you are seriously late appointment will be considered missed and you will be billed accordingly. here:
resche notice profes	ELLATIONS: There is a 24-hour cancellation policy. If you need to cancel or edule an appointment, please notify me as soon as possible. If there is a 24-hour you will not be charged. Thank you for respecting this boundary as my sional time for your service has been set aside specifically for you. here:
• •	gnature below, you are indicating that you have read and understood this document, and/ouestions you have had about this statement have been answered to your satisfaction.
Client	~ Date