

CHARLOTTESVILLE DERMATOLOGY PLC

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FINANCIAL AGREEMENT FOR COSMETIC PROCEDURES

I, _____, state that I have requested a cosmetic procedure to be performed on _____, and I understand the following:

- The physician may discuss alternative options to help me achieve the best results. I understand that I may have to re-sign a financial agreement if a different course of treatment is agreed upon.
- I am financially responsible for the cost of the procedure as discussed with me.
- This office does not bill insurance companies for cosmetic procedures.
- Full Payment is required at the time of service.
- I understand that skin types are different and may respond differently to treatment. I understand that typically multiple treatments are required to achieve the desired results.

Laser Company Treatment Guidelines		
Hair Laser: - 6 treatments (spaced 6 weeks apart)	Botox (Glabella) - \$XXX	Dysport - \$XXX
IPL:- 3-5 treatments	Botox (Eyes) - \$XXX	Dysport - \$XXX
Fraxel:- 3-5 treatments	Botox(Lips) - \$XX	Dysport - \$XX
V-Beam: based on # of pulses	Forehead (based on units)	
* Multiple injection areas may be eligible for discount		

Initial Procedure: _____ **Cost Per Treatment:** _____

Patient Name (print): _____ Chart #: _____

Patient Signature: _____ Date: _____

(or Parent/Legal Guardian)

Witness: _____ Date: _____

Follow-up Treatments 1) _____ Date: _____

Follow-up Treatments 2) _____ Date: _____

Follow-Up Treatments 3) _____ Date: _____