

Credit Card on File for Vivify Spa Cancellation Policy

Patient Name _____ DOB ____ / ____ / ____

I understand it is the policy of Vivify Spa at The Dermatology Clinic to obtain a credit card on file to secure any laser or aesthetic appointment. I understand that this card will be charged the full value of the scheduled service if I **cancel the appointment with less than 24 hours of notice, or if I fail to show** for the appointment. I authorize Vivify Spa to charge my credit card for the full amount of service that was scheduled for me.

I understand I will be expected to provide an updated expiration date or new card number should this one become inactive, expired or be declined.

I understand I can revoke this authorization at any time by submitting a written request and that it will result in cancellation of any scheduled appointments.

Patient Signature _____ Date ____ / ____ / ____