



Pre-Treatment Payment Agreement

I have made a request to book an appointment for a medical treatment(s) at Sculpt Away. I understand that Sculpt Away incurs costs associated with my request. In booking my appointment, Sculpt Away reserves my treatment room(s), reserves the medical device(s) for my treatment(s), schedules/reserves staff for my treatment(s) and my appointment excludes Sculpt Away from accepting other appointments at the time(s) I am reserving. The fee for my booking an appointment is \$400, which will be applied as a credit to the fee for my services on my scheduled treatment date, but is NOT refundable under any circumstances. I understand and agree to these conditions in making my \$400 payment.

My appointment date and time is _____.

Printed Name

Signature

Date