



aNu Patient Information and Policies

Safety Precautions

If my medications or health history changes during the course of my treatments, I will alert my clinician immediately prior to treatment. I shall communicate my desired results and what results I can expect prior to my treatment. If I have any questions or concerns, I shall discuss them with my clinician prior to treatment.

If I am having a chemical peel or laser treatment, I must avoid the sun at least 2 weeks before AND after treatment, or as directed by my clinician. If my skin is tanned or self-tanned, I understand that aNu cannot safely perform any treatments that affect pigment.

For the safety of all patients and staff, I understand that no children are allowed in the laser treatment rooms and it is preferred that there are no children in the treatment rooms due to the nature of the medical procedures, unless an emergency arises.

Cell Phones

I will kindly silence cell phones when in the office and procedure rooms and take calls outside of the office.

Photos

I understand that aNu needs to take my photos of all areas to be treated for medical purposes and they are stored in my chart and/or PhotoRx, which are both HIPAA enabled. I have the option to allow photos for social media and marketing purposes.

Financial Policy

To best serve ME as well as other patients, aNu does not overbook. Therefore, I understand that aNu requires at least 48 hours notice to cancel or reschedule my appointments so another patient can be booked during this time to avoid lost revenue for my medical provider and aNu and to help lessen wait times. If I cancel less than 48 hours or no show, I understand that there is a minimal \$25 fee for services under \$750 or 75 minutes.

Services that are over \$750 or 75 minutes (such as CoolSculpting, Laser, Threads, Halo, Morpheus, PRP, etc.) require a 50% deposit to schedule. I understand that aNu requires 48 hours notice to reschedule these appointments per above and failure to do so will result in a minimal \$75 late cancellation fee.

In addition, if I arrive more than 10 minutes late to an appointment, I may be asked to reschedule. I understand that this causes the provider to be behind with appointments for the rest of the day and it is cumulative. aNu and I value all patients' time.

I also understand that a credit card on file is required to schedule appointments. Payment in full is due at time of service. If aNu is unable to collect full payment prior to the service being performed, my appointment may need to be rescheduled. aNu reserves the right to charge my credit card on file for any unpaid balance for services rendered or late/no show fees.

The top priority is keeping our patients happy, safe, and providing the best treatment and experience possible. If there is any part of my treatment that I am not happy with, I will contact the Manager at 816.359.3310.



Intake, Consent and Waiver

Cosmetic, aesthetic, wellness and regenerative procedures performed by aNu will affect each patient differently, to different degrees, for different lengths of time, and therefore, results are not guaranteed.

It may take multiple treatments for desired results and it typically takes time for full results.

Depending on which treatment(s) you receive, the potential adverse events, your overall health and genetics, and your compliance with the aftercare guidelines, your healing time and results will vary.

I understand all of the procedures at aNu are elective.

All sales and treatments are final. There are no refunds, including in whole or in part, in any forms, for services provided.

aNu may refuse treatment to any patients or potential patients for any lawful reasons, including unsuitability for a requested service.

You will not take any action or make statements in any form of communication which is, whether directly or indirectly, disparaging, condemning, or criticizing in any way and to any degree against: the company, its' owners or employees, its' products and services, or the result of any procedure. This restriction does not apply to the exercise of protected rights or statements compelled by law or legal process.

This herein applies to all future services, procedures, and goods provided by aNu to the Patient.

Legal

I recognize and acknowledge that there are certain risks, including adverse effects, and potentially life-threatening medical conditions involved in receiving medical treatments. I agree to assume the full risk of injuries, damages, losses that I may sustain as a result of or in connection with treatment, services, or products purchased. I agree to waive and relinquish any and all demands or claims I may have arising out of, or connected with, said treatments, services or products.

aNu shall not, under any circumstance be liable to the patient or its affiliates for any consequential, incidental, indirect, exemplary, punitive, or special damages, whether in contract or in tort, including negligence.

Consents, covenants and waivers contained herein shall be supplemental to, and superseded when favorable for aNu, any other consent or waiver signed or agreed to by Patient.

Printed Name: _____

Signature: _____

Date: _____

Thank you for choosing aNu and for your loyalty - we appreciate you!