



Robert Graper, MD FACS • Garrett Harper, MD

GHCS Skincare Department Cancellation & No-Show Policy

We appreciate all our patients and strive to provide timely appointments for all patients. Unfortunately, not all patients are considerate enough to cancel their appointments when they have conflicts. While we understand that situations arise in which a patient must cancel an appointment, we now require a 24-hour notice if an appointment must be cancelled or rescheduled. Your cooperation with this policy enables us to provide care to patients who otherwise would not be seen as soon.

If a 24-hour notice is not given for standard skincare services (chemical facials and peels), the patient's account will be charged a cancellation fee of \$50.00. If a 24-hour notice is not given for Laser, Skinpen (microneedling pen) and ThermiVa treatments, the patient's account will be charged a cancellation fee of 20% of your previously collected treatment fee or the pre-paid treatment package (amount can vary).

Patients who do not show up for their appointment, without notification to cancel that appointment, will be considered a NO-SHOW. Patients who no-show two or more times in a 12-month period are subject to a \$100.00 deposit prior to scheduling any future appointments.

You may contact our office regarding your appointment by calling 704.375.7111, or replying to the email or text you receive requesting a confirmation of your appointment.

We believe excellent provider/patient relationship is based on understanding. If you have any questions regarding this policy, please let our staff know and we will be glad to address your concerns.

I certify I have read and understand the Cancellation & No-Show Policy of the practice. I also understand and agree that such terms may be amended from time-to-time by the practice with notification.

I understand my credit card information will be saved under my 'Customer Profile' and I authorize that my card will be charged based on the above policy.

Patient Name _____ Date _____

Patient/Legal Guardian Signature _____

Witness Signature _____ Date _____