

Premier Wellness Center and Aglow Med Spa

Financial Agreement

I understand that full payment is expected at time of service, that all sales are final, and that no refunds, exchanges, or credits will be issued.

I understand that I am undergoing an elective procedure and I assume all associated risks and acknowledge that no guarantee has been made to me concerning treatment results.

I understand results of services may vary among patients and results cannot be guaranteed.

I have considered the above factors and consent to treatment acknowledging that all sales are final and that results cannot be guaranteed.

Patient Signature: _____

Printed Name: _____

Date: _____

Witness / Provider Signature: _____



