

Dowd Beauty and Wellness Lounge, LLC Clinical Policies

PATIENT CONSENT FOR HYDRATION/NUTRITIONAL, WEIGHT MANAGEMENT, HORMONE THERAPY, DERMATOLOGICAL, AESTHETIC, AND COSMETIC SKIN CARE TREATMENT WITH DOWD BEAUTY AND WELLNESS LOUNGE, LLC.

If you have any questions, please feel free to ask us. Please sign at the end of this consent to acknowledge you understand that:

If you are late, fail to cancel within 24 hours, or miss your appointment, you may be subject to a fee.

Services must be paid for at the time of service.

Health insurance typically does not cover services provided at DOWD BEAUTY AND WELLNESS LOUNGE, LLC. If you want to seek insurance reimbursement, we would be happy to provide you itemized invoices that you can submit to your insurance company.

I understand that treatments used at DOWD BEAUTY AND WELLNESS LOUNGE, LLC might not be considered a medical necessity. Treatments rendered are for the purpose of improving your quality of life and improving your skin appearance.

I agree that if I am having any side effects or become sick, that I will follow up with my primary care provider or go to an urgent care or emergency department.

I acknowledge that DOWD BEAUTY AND WELLNESS LOUNGE, LLC and DR. WHITNEY DOWD DNP, FNP-C are not my primary care provider. I agree that I will continue with routine care through my primary care provider and notify them of treatments prescribed at DOWD BEAUTY AND WELLNESS LOUNGE, LLC.

I understand that there are no refunds for services or products rendered. We cannot accept back used medications once they have been dispensed per state regulation.

I understand that having an appointment with DOWD BEAUTY AND WELLNESS LOUNGE, LLC does not necessarily entitle me to being issued a prescription or having a cosmetic/aesthetic procedure performed. Every individual is different, and it is at the medical providers discretion to issue treatment.

I understand that I must maintain my follow up appointments and following post procedural care instructions to remain on treatment. It is important that DR. WHITNEY DOWD, DNP, FNP-C manages my treatment and it is at their discretion to provide me refills and ongoing treatment.

I acknowledge that I have been advised of the risks and benefits of treatment. I also acknowledge that I have been advised of possible complications and side effects. I understand the risks, benefits, complications, and side effects of treatment.

I am voluntarily requesting treatment with DOWD BEAUTY AND WELLNESS LOUNGE, LLC and DR. WHITNEY DOWD DNP, FNP-C in regard to the enhancement of the appearance of my skin as determined by a mutual decision between myself and the medical provider even if it is not considered a medical necessity.

I do not hold any medical practitioner of DOWD BEAUTY AND WELLNESS LOUNGE, LLC responsible for performing age-related preventive care. I agree that I will follow up with my primary care provider to obtain these screenings and I hold DOWD BEAUTY AND WELLNESS LOUNGE, LLC and DR. WHITNEY DOWD DNP, FNP-C harmless if an adverse event occurs during my treatment.

I have read, understand, and agree to all of the above statements.