



# Ageless in the Triad

## Fantasy Tan Intake

Thank you for choosing Ageless in the Triad for your body treatments.  
Please answer the following questions so that our therapists  
may better understand your goals for the treatment.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Have you ever had a spray tan? \_\_\_\_\_

Referral name \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

### (All Personal Information above is for our med spa use only)

Fantasy Tan is a technology that uses an airbrush to apply a cosmetic tanning solution containing Dihydroxyacetone (DHA). Because each individual is unique and Fantasy Tan is a cosmetic, clients who are allergic or have sensitive skin may experience a minor rash. Showering with “deodorant” soap may also cause a minor skin rash in sensitive areas. Certain formulas may contain **walnut shell extract**. Fantasy Tan cannot guarantee the results or longevity of the tan. Again, every person is different and will experience varying results. Permanent staining of certain fabrics can occur, such as nylon, lycra, or leather. Other fabrics can stain as well, but most will wash out with mild detergent. This product does not contain a sunscreen and does not protect against sunburn. Repeated exposure of unprotected skin while tanning may increase the risk of skin aging, skin cancer and other harmful effects to the skin even if you do not burn. If you have any major illness, respiratory or skin disorders and are/or using any medication, please check with your physician before receiving this service. FDA guidelines recommend protecting eyes and mucus membrane areas from any spray tan solution and avoid excessive inhalation. Although there have been no known side effects recorded with the use of the active ingredient DHA and pregnant woman, as a precaution we do advise that those whom are pregnant so check with their physician before receiving a Fantasy Tan.

I \_\_\_\_\_ (print name) read the above disclaimer and agree to hold Fantasy Tan Global Enterprises, Ltd., and Ageless in the Triad harmless if any of the above (but not limited to) experiences occur. I understand that my results may vary and are not guaranteed. I am using this service at my own discretion and understand that there are no refunds for any service. Remember to follow the before and after written directions to achieve best results.

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

I have acknowledged that all the information provided by me is true and correct to the best of my knowledge. I also understand that some skin conditions may require more than one treatment and home care products to achieve the results desired. I hereby release Ageless in the Triad from any liability pertaining to treatments, understanding that results cannot be guaranteed due to individual skin type(s) and condition(s)

### **Cancellation Policy**

As a courtesy to our spa professionals, please provide a minimum of 24 hours' notice should you need to cancel or reschedule an appointment. There will be a charge of 50% of scheduled services for cancellations of less than 24 hours' notice. If you have a series, one service from this series will be deducted. For filler appointments, a \$100 deposit will be taken when scheduling the appointment and will be applied toward the filler service. However, if you fail to show for your appointment, we hold the right to keep the deposit. By scheduling an appointment, you are agreeing to our cancellation policy. Cancellations for Monday appointments are required to be cancelled by Friday at 4PM. When booking an appointment, a credit card will be needed to hold the appointment. We take Visa, MasterCard, Discover, American Express and Care Credit. We thank you for your understanding.

### **Late Policy**

Your appointment time is reserved exclusively for you! If your arrival time is 15 minutes or later than your scheduled appointment, this may result in a shortened appointment. We reserve the right to reschedule your appointment.

### **No Show Policy**

There will be a charge of 50% of scheduled services. If you have a series; one service from this series will be deducted. If you have a gift card, the amount will be deducted from the gift card. For Botox/Dysport patients, a \$50 fee will be charged to your credit card for missed appointments or reoccurring late cancellations.

### **Payments/Refunds**

Payments for all procedures at Ageless in the Triad are due at the time of service and are non-refundable. All sales are final. However, Ageless in the Triad does have an exchange policy that gives you options if the need arises. Should you wish to discontinue your treatments in the midst of a series, you will receive pro-rated credit for the unused treatments. The treatments that have already been provided will be charged at current single treatment prices to calculate the remaining credit. This credit may be used to purchase other treatments, not products, offered at Ageless in the Triad.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_



## Patient Communication Directive with Individuals Involved in Your Care

### PATIENT IDENTIFICATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Please list all individuals who may be involved in coordinating your care, payment of your care, or to whom we may provide the details of your care.

### Name

### Relationship to Patient

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: We will continue to rely on the information on this form when communicating with family members or others involved in your care unless you request changes. Please promptly notify us if you wish to alter the designations above.

### **Patient Rights:**

- I have the right to revoke this authorization at any time by contacting this office.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I have the right to refuse to sign this authorization and know that my treatment will not be conditioned on signing.

Signature of Patient/  
Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

***To revoke this authorization, please send a written request to:***

Practice Manager  
Ageless in the Triad, PC  
900 Old Winston Road, Suite 204B  
Kernersville, NC 27284