

ABSOLUTE COSMETIC MEDICINE REFUND POLICY

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

Dear patient,

Welcome to the Absolute Family.

With over 20 years of experience in the industry, we have some of the best practitioners in Australia to assist and provide you with a world-class standard of service and care. In return, we would appreciate your politeness and respect for our staff at all times.

Our experienced practitioners will strive to give you the best advice and outcome. However, please ensure you maintain realistic expectations as refunds may be refused (especially for possible outcomes explained in the consent form and variable results which are seen due to different ages, genetics, physiology and anatomy).

Should a revision surgery be required, additional costs may be incurred, which are the patient's responsibility. This should be taken into consideration when budgeting.

If you suffer from anxiety (a common and important disorder in our society today), we advise you to have treatment for this. We are willing to assist you before your procedure in finding a caring, qualified practitioner in this field.

Refund Policy

- Your procedure deposit of \$2,200 is **non-refundable**.
- Once booked, rescheduling the procedure date will incur an additional fee of **\$250.00**.

Cancellation/rescheduling with more than two weeks' notice from the procedure date;

- The patient can use the deposit towards future treatments and appointments (products and promotional specials not included) with Absolute Cosmetic Medicine within one year of cancellation.

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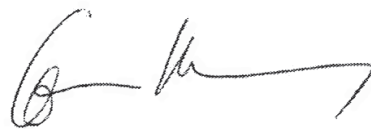
- Non-attendance on the day of theatre, failure to comply with preoperative instructions or late cancellation/rescheduling will incur full charges.

** Should cancellation be due to personal hardship, Absolute Cosmetic Medicine will consider this; however, proof of hardship will be required.*

The remaining balance is due **two weeks** before your procedure.

Regards and Best Wishes for your procedure, Dr Glenn Murray

Medical Director



Patient Signature: _____ Date: _____

I cannot dispute what I have read, agreed to and signed above. If I do then I agree to pay all costs incurred by ACM if I breach this agreement.

I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy.

I understand that photographs are for clinical use only. I am responsible for taking my own photographs for my

records. (please initial) _____

