Welcome to [Clinic Name]

Dear [Patient Name],

We are delighted to welcome you to our clinic. Our goal is to provide you with exceptional care and results. Please review our clinic policies below to ensure a smooth experience for your upcoming appointments.

1. Cancellation and Rescheduling

We require at least [Number] hours' notice for any cancellations or changes to your appointment. Failure to provide notice may result in a cancellation fee of [Amount] or the forfeiture of your deposit.

2. Arrival Time

Please arrive [Number] minutes prior to your scheduled appointment time to complete any necessary paperwork and prepare for your treatment. Late arrivals may result in shortened treatment time or rescheduling.

3. Deposit Policy

A deposit of [Amount] is required to secure your booking. This amount will be applied toward the total cost of your treatment on the day of your visit.

4. Consultation and Results

All cosmetic procedures require a consultation to determine suitability. Please note that while we strive for excellence, individual results may vary, and multiple sessions may be required for optimal outcomes.

5. Payment Policy

Payment is due in full at the time of service. We accept [List Payment Methods, e.g., Cash, Credit Cards, etc.].

6. Children and Guests

To maintain a relaxing environment and for safety reasons, we kindly ask that you do not bring children or additional guests to your appointment.

If you have any questions regarding these policies, please feel free to contact us at [Phone Number] or [Email Address].

We look forward to seeing you soon.

Best regards,

The Team at [Clinic Name]
[Clinic Website]
[Clinic Address]