



## **MINOR PROCEDURE POLICIES (LOCAL ANESTHETIC)**

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

PROCEDURE: \_\_\_\_\_

Thank you for visiting Brampton Cosmetic Surgery and Medical Spa. Our policies and procedures below are designed to provide complete transparency and disclosure with respect to fees, payment methods, policies etc. Please review carefully and discuss with clinic staff should you have any questions.

### **1- MINOR PROCEDURE FEES:**

- a. Deposit- A deposit of **\$250** for the minor procedure fee will be paid at the time the minor procedure is scheduled. \_\_\_\_\_
- b. Balance- The balance owing is due at time of the procedure. \_\_\_\_\_
- c. Method of Payment- All remaining balances must be paid by cash, certified cheque, E-Transfer (sent to [info@bramptoncosmetic.com](mailto:info@bramptoncosmetic.com)), money order or bank draft. **Personal cheques and credit cards will not be accepted.** \_\_\_\_\_
- d. \_\_\_\_\_
- e. Fees quoted at the time the minor procedure is scheduled are for a 6 month period. Prices may be increased to cover rising costs after this period of time. \_\_\_\_\_

### **2 – CANCELLATION/RESCHEDULING OF MINOR PROCEDURE:**

If a procedure is cancelled less than two weeks prior to minor procedure, the deposit is used as the cancellation fee. If sufficient notice is provided when cancelling or re-scheduling a procedure, your deposit will move with you. **Deposits are non-refundable.** Fees are necessary to cover administration costs and surgical tray fees. If a procedure is scheduled and you “no show” the appointment, the deposit is used as a “no show” fee and will not be refunded or transferred to another minor procedure date.

Cancellation due to medical reasons with physician’s note and applicable investigation results will be refunded with the following exceptions:

- a. Cancellation after minor procedure booking **full deposit** is non-refundable. \_\_\_\_\_
- b. Cancellation less than two weeks prior to scheduled minor procedure date. The **total amount** of the procedure is non-refundable. \_\_\_\_\_

### **3 - SCHEDULING OF THE MINOR PROCEDURE:**

Every endeavor is made to schedule the minor procedure on the date that you have requested, however, it is foreseeable that the date in some situations may have to be rescheduled. You will be given plenty of notice to allow changes in your busy schedules. \_\_\_\_\_

DATE AND TIME OF MINOR PROCEDURE: \_\_\_\_\_

#### 4 - FOLLOW-UP VISITS FOR ASSESSMENT:

Follow-up visits are scheduled at approximately 1 week post minor procedure. If necessary, further follow up appointments may be arranged during that time. The fee for missed appointments is 100.00+hst. \_\_\_\_\_

- a) For convenience, we offer follow-up visits via phone or ZOOM and recommend this option when possible. \_\_\_\_\_

#### 5 - SECONDARY MINOR PROCEDURE:

The term secondary minor procedure is preferred as opposed to revisionary or re-do minor procedure. Revisionary minor procedures may imply surgical error. Minor procedure errors are in fact rare. The consultation should provide the patient with what is realistic. Minor procedures are not a precise science. Results may vary between patients due to anatomic or genetic variations. The results of the minor procedure are determined by a number of factors that may not be predicted or controlled. Consequently, guarantees of outcome cannot be made. Secondary minor procedures will be determined by Dr. Sleightholm, only if a secondary minor procedure is believed to improve the outcome. Secondary minor procedures are generally not done until 1 year following the initial surgery. The reason for this is that with scar maturation there is continued improvement up to 1 year. Minor procedures are done during the healing phase are more difficult, have increased complications, and are less predictable which could adversely affect the outcome. \_\_\_\_\_

- a. Secondary minor procedures that require local anesthetic will be **50%** of the original non-discounted minor procedure fee. Fees are charged to cover administration costs, surgical supplies and equipment. \_\_\_\_\_
- b. Dr. Sleightholm does not receive remuneration for secondary minor procedures. \_\_\_\_\_
- c. There is no refund on minor procedures that have been done. \_\_\_\_\_
- d. NO REFUNDS ON PROCEDURES. \_\_\_\_\_

I have read and understood the minor procedure policies. I have had the opportunity to review and ask questions about the policies and have agreed to the conditions.

Patient signature \_\_\_\_\_

\_\_\_\_\_ Date

Witness \_\_\_\_\_

\_\_\_\_\_ Date