

JOSE RAUL MONTES

Eyes & Facial Rejuvenation

Dear Patient:

We would like to cordially welcome you to our medical office. It is a pleasure to offer our services under the supervision of Dr. José Raúl Montes. In an effort to fulfill our commitment of maintaining a quality service, we have designed policies that we would appreciate your taking into consideration:

Companions: We would appreciate your having only one companion in the in the waiting area, while you are in the treatment room. We recommend you do not bring children who are not able to stay seated in the waiting room while you are being treated.

Cellular: To make your experience more relaxing, please keep their cell phone off or on silent mode.

Punctuality: In an effort to keep patient appointments running in a timely manner, please arrive 15 minutes before your scheduled appointment. This will provide you sufficient time to complete the required forms, and spend the maximum time with you during your appointment. For female patients, it is preferable that you arrive with little or no makeup.

Allergies: It is important to notify us prior to your treatment if you are allergic to products and/or medications.

Tardiness: In consideration and fairness to other patients, should you be tardy to your appointment, there might be a possibility that we will not treat or evaluate you on that day.

Cancellations: Your appointment was reserved especially for you. Should you need to cancel it, we would appreciate 24 hours advance notice, as a courtesy to those patients who wish to schedule an appointment. After having confirmed your appointment, should you cancel it the same day, a \$25.00 charge will be applied.

Confirmed Appointments Absences: In consideration of patients who are on a waiting list, patients who fail to keep their appointments after they have already been confirmed will be subject to a \$50.00 *now show* charge.

We welcome your comments and/or suggestions. You may write an email to: info@jrmontes.com.

I certify that I have read and understood this document.

Patient's Signature

Date

Rev. 1/5/17