

**NOVAS, DOHR & COLL  
OB/GYN ASSOCIATES, S.C.  
Medical Spa**

**GENERAL CONSENT  
FOR ASSESSMENT AND TREATMENT**

I understand that as a client of Novas, Dohr & Coll OG/GYN Associates Medical Spa, I am eligible to receive a range of services that are considered fee for service. The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks or months.

All information shared with the clinician is confidential and no information will be released without my consent.

I understand that all services are provided by certified professionals and are supervised by our physicians.

I understand there is a 24 hour Cancellation Policy. If the office is not notified 24 hours prior to appointment time of a cancellation, a \$25 fee will be charged.

I understand that medical insurance will not cover these services and payment is due on the date services are rendered.

I have read and understand the above and consent to have an initial assessment and treatment plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date