

INTERLOCKS™

MEDSPA + WELLNESS

OFFICE POLICIES

No Shows & Cancellations

For cancellations we require a 24-hour notice or a fee equal to 50% of the scheduled services is charged. Credit card deposits are taken in the event of frequent no-shows or last minute cancellations.

Payment

Full payment is required at the time of your service. To avoid undercharging or overcharging our valued clients, we cannot accept prepayment for services. We will gladly accept your local check, provided that your full name, address, and phone number are imprinted. There is a \$25 fee per returned check. We do not accept starter checks or third-party checks.

Refund + Return Policy

We strive to provide high quality services and products and we will make every effort to ensure your satisfaction. While we do not offer refunds on services provided, we are happy to repeat a service to your satisfaction; please speak with a manager within 72 hours of your original service. Store credits are issued for most products returned within 30 days of purchase, with the original receipt. However, all makeup and cosmetic items cannot be returned and are final sales. Gift Card refunds are issued within 30 days of purchase, with proof of payment, to original payment method only.

MedSpa Etiquette

We ask that you silence your cell phone when enjoying services, as a courtesy to all guests. Wi-Fi is available for e-mailing and web browsing. Gratuities are at the discretion of our clients and are not included in the price of services.

Gift Cards

INTERLOCKS Gift Cards are available for purchase in-store and online. You may redeem your Gift Card for its dollar value towards any services or products. Gratuities cannot be made through Gift Card redemption.

Children

We do not allow children to accompany adults in our MedSpa, as the child's safety may be compromised, or a child's behavior may be disruptive to other guests.

Health Considerations

The safety of our clients and staff is of paramount concern, so we ask that prior to receiving services you make our staff aware of any allergies, health concerns and/or illness you are experiencing. Some of our service products contain nuts and algae; make your service provider aware of any allergies.

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PRE & POST CARE FOR LASER HAIR REMOVAL

Before your treatment:

- Discontinue waxing, tweezing, threading, depilatories and electrolysis for at least 3 weeks prior to and throughout treatment.
- Discontinue self-tanners/tanning lotions and spray tans 3 weeks prior to treatment.
- Discontinue tanning beds and natural sun exposure 8 weeks prior to treatment.
- Some medications or supplements may increase the risk of bruising.
- Notify INTERLOCKS MedSpa with any changes to your health history or medications since your last appointment.
- Caution is advised to persons with a history of herpes simplex in the treatment area. Those who carry the herpes simplex virus and receive laser treatment on their upper lip, chin, lower cheeks or bikini area may have a “flare up” of their condition. This risk of this complication can be reduce if you take a prescribed antiviral medication for a few days before and after each treatment. If you have an active herpes outbreak, your appointment will have to be rescheduled.

After your treatment:

- Avoid direct sun exposure for at least 2 weeks post-treatment and use a broad spectrum (UVA/UVB) sunscreen.
- It is common to experience immediate swelling, redness and perifollicular edema (mild rash) at the treatment site.
- Avoid any trauma to treatment area such as scratching, picking or rubbing.
- Avoid heat (Ex: hot tubs, Jacuzzis saunas and steam rooms) for 1-2 days.
- Avoid any deep exfoliation treatments such as microdermabrasion, or the use of products containing a chemical exfoliator such as tretinoin, retinol, benzoyl peroxide, glycolic/salicylic acids, or astringents.

Note: Over the next 2-3 weeks you may notice hair stubble and hair shedding. You may rub a facecloth gently across the skin to speed up the shedding process but do not aggressively exfoliate. Please consult with your Laser Technician for further instructions.

Client/Guardian Name (Printed): _____

Client/Guardian Signature: _____ Date: ____ / ____ / ____

Witness Name (Printed): _____

Witness Signature: _____ Date: ____ / ____ / ____