FARGO CENTER FOR DERMATOLOGY
MEDICAL | SURGICAL | AESTHETIC

# Down Payment Contract and Receipt for Deposit

_____, 20_____

Fargo Center for Dermatology
3173 43rd Street South
Fargo, ND 58104

On _____, 20_____ I agree to a $500 down payment/deposit for my service* _____ scheduled on _____, 20_____. I agree to notify Fargo Center for Dermatology at least 48 business hours in advance if I need to reschedule or cancel my appointment. I understand my down payment is non-refundable and failure to notify Fargo Center for Dermatology within this time frame will result in the loss of my deposit.

_____ _____
Signature Date

_____
Printed Name

_____ _____
Witness Signature Date

*These services include but are not limited to: Three for Me™, CoolSculpting©, PRP Facial, CO2.