

Introducing  
**OVL Aesthetic  
Memberships**



# OVL ESSENTIALS Membership

\$12/unit Dysport or Botox

1 Free BBL (\$500 value)

10% off Skincare Products

Free Lash Lift or Jelly Mask with every Facial

This membership includes all of the ESSENTIALS for the total toxin junkie, with more than 25% off all toxin treatments all the time, free upgrades on facials, and a FREE BBL to minimize brown spots, red vessels and boost collagen. This membership pays for itself.

Cost of Membership \$500/year



# OVL LUX Membership

**INCLUDES EVERYTHING IN THE ESSENTIALS PLUS+**

Free Nano Laser Peel with every purchased BBL

\$100 off 1ml Syringes of filler

Halo Laser Treatments for \$1000/treatment (\$500 Savings)

Free Growth Factor Application with every Microneedling session

Free PCA peel with any purchased skincare treatment

This LUX membership is the ultimate package for those who are serious about keeping their skin in top shape. With almost 30% off Botox and Dysport injections, a Free BBL, Free Nano Laser Peel Upgrade on purchased BBL treatments, discounts on filler, Free upgrades with Microneedling purchases, and the best of all - 33% off of our most popular HALO treatment.

Cost of LUX Membership \$1250/year



# Aesthetic Membership Terms & Conditions

Lux Membership cost \$1250/year, ESSENTIALS Membership cost \$500/year. All membership services are guaranteed for 12 months from purchase date. These services are non transferable to other patients, and may only be redeemed by the patient who purchased the membership. Membership prices and discounts may not be combined with any other offers, discounts, or coupons. Services offered are "as is," patient may not "swap out" or "replace" any services with those that are not listed. Free BBL is redeemable for the face OR hands only. \$1000 Halo laser includes a facial halo only, may add on other areas for additional cost. Halo laser purchased during raffle promotions are eligible for raffle entry. All membership purchased are final, and are non refundable. By signing below I have read and understand and agree to the above terms and conditions.

Patient Printed Name \_\_\_\_\_

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

Witness signature \_\_\_\_\_

Membership Purchased \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Date of Expiration \_\_\_\_\_

