

Waxing Consent Form

Name: _____ D.O.B: _____
Contact Number: _____ Email: _____
Street Address: _____ Apt. # _____ City/Zip: _____
Emergency Contact Name: _____ Emergency Number: _____

Please mark any that may apply to you:

Contraindications

Broken Skin
Inflammation
Suspicious growths
Accutane (last 6 months)
Active Herpes

Caution Urged

AHA's, Retin-A, Renova (stop 48 hours prior to wax)
Diabetes
Flat moles
Plebitis
Fragile capillaries
Varicose veins

FOLLOWING YOUR PROCEDURE

I understand that following the waxing procedure I should:

- Apply sunblock with SPF of at least 15
- Avoid using a loofah or other abrasive products to the waxed area
- Avoid saunas, steam rooms, Jacuzzis or other heat sources
- Avoid application of Retin-A, Renova, or AHA products for 48 hours

Please note that waxing has certain side effects such as skin removal, redness, swelling, tenderness, etc. If you have any concerns please address them with your specialist prior to treatment.

I have read the above information and if I have concerns I will address these with my specialist. I give permission to my specialist to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies of prescription drugs or products that I am currently ingesting or using topically. I understand my specialist will take every precaution to minimize or eliminate negative reactions as much as possible.

I have read and understand the post treatment home care instructions. I am willing to follow recommendations made by my specialist for home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home products/post treatment care I will consult the specialist immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Signature: _____
Parent/Guardian Signature: _____

Specialist: _____
Date: _____