WAXING CONSENT FORM

Name:				
Address:				City:
State: Zip:	_ Cell	Phone	e:	
How often do you have waxing done?				
Have you ever had a reaction to a waxi If yes, please describe:	-			
Do you have any tendencies to: Ingrown hair Scarring Bumps Hyperpigmentation Bruising	YES YES YES YES YES	NO NO NO NO		
 Are you allergic to anything? If yes, please describe: 	YES	NO		
Have you received Botox treatments in t	he last	72 hou	rs? YES	S NO
Have you been or will you be in the sun of	and/or	tanning	g bed v	within 24 hours of this treatment? YES NO
 Are you using or taking: Accutane or Tetracycline Retinoids such as Retin-A, Renova AHA/Alpha-Hydroxy Acid BHA/Beta-Hydroxy Acid Glycolic Acid Any other medications: 			YES YES YES YES YES	NO NO NO NO
Are you currently pregnant?			YES	NO
Do you have Diabetes, Phlebitis or any state	kin irrita	ations?	YES	NO
• Is your skin dry?			YES	NO
I have been advised the service(s) provided but not limited to: allergic reaction, irritation medications and over the counter products skin care services. I understand that Indulge customers using Retin-A, Acutane and produtreatments. I hereby confirm that I am not uninjury/reaction, and I will advise my esthetici understand there are often inherent risks ass of providing these services on an on going beliable.	, burnir can si Studio ucts co using ai ian sho ociate	ng, redr gnificar s & Skin ontactir ny med ould I use d with s	ness, sor ntly incr Center g alpho ications e any su kin care	reness, ect. I am aware that certain rease the risk of injury when combined with r does no recommend skin care services for a hydroxyl, or any other skin thinning s that may cause or contribute to such uch medications in the future. I e services, and I agree that as a condition
CLIENT - Signature:				_Date:
ESTHETICIAN - Signature:				_Date: