



## RETURNING TREATMENT CONSENT FORM

FACIAL, DERMAPLANING, WAXING, L.E.D. THERAPY, SPRAY TANNING, MICRODERMABRASION, or CHEMICAL PEEL

Date: \_\_\_\_\_ Name: \_\_\_\_\_

- ☐ Yes ☐ No - Do you have any Allergies? Please List: \_\_\_\_\_
- ☐ Yes ☐ No - Do you have any special functions you will be attending within the next 7 days?
- ☐ Yes ☐ No - Have you used a scrub, glycolic acid, microdermabrasion, laser hair removal, electrolysis, used a tanning bed, or waxed the area of today's treatment in the last 30 days? (If Yes, Please Circle which applies)
- ☐ Yes ☐ No - Do you use any Retnoid/Vitamin-A derivatives or had **any** of the following in the past 12 months: Intensive/deep chemical peels, facial surgery, laser resurfacing, or Accutane?
- ☐ Yes ☐ No - Are you currently taking any medications (particularly, hormone replacement, acne medications such as Accutane, anti-biotics, Differin, Retinols, or blood thinners such as aspirin or Coumadin)?  
If so, please list: \_\_\_\_\_
- ☐ Yes ☐ No - Do you have any communicable diseases right now such as, but not limited to, COVID-19, Monkeypox, cold sores, active herpes outbreak, the flu or any other potentially contagious illness?
- ☐ Yes ☐ No - Have you received Botox, Restylane, Collagen injections or any fillers in the past month?  
If Yes, when: \_\_\_\_\_ (for safety concerns, we may need to change your treatment for today)
- ☐ Yes ☐ No - Have you recently used any spray tans, self-tanning lotions, creams, or tanning treatments?

• During facial services we include extractions, décolleté, and shoulder to hand hydration therapy.

If you **DO NOT** want any of these services, please check the following: (Men's facials include pectorals/chest)

- ☐ Extractions ☐ Decollate Hydration Therapy ☐ Arm / Hand Hydration Therapy **(Men Only)** ☐ Chest Hydration Therapy

### UPGRADES

- ☐ Eyebrow Waxing \$20 ☐ Eyebrow Tinting \$18 ☐ Nose Waxing \$10 ☐ Contouring Serum \$10  
☐ High-Frequency Therapy \$10 ☐ Under Eye Treatment \$10 ☐ Collagen Eye Mask \$12

### CONSENT AGREEMENT

I affirm that I have answered all questions honestly. I agree to keep Studio Skyn, LLC. updated as to any changes in my medical profile and understand that there shall be no liability of the service provider should I fail to do so. My questions regarding the treatment have been answered satisfactorily.

I understand that treatments are voluntary and accept any risks. I hereby release Studio Skyn, LLC and its staff from all liabilities associated with the above indicated treatment. I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for this, one, returning facial treatment, spray tanning application, waxing, L.E.D. session, microdermabrasion, dermaplaning, or chemical peel session.

\_\_\_\_\_  
Signature of Client (Or Guardian)

\_\_\_\_\_  
Print Name (Relation if necessary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Esthetician

Ryan DuPree L.E. FB9771808  
\_\_\_\_\_  
Print Name & License Number

\_\_\_\_\_  
Date