



RETURNING TREATMENT CONSENT FORM

FACIAL TREATMENT, WAXING, L.E.D. THERAPY, MICRODERMABRASION, or CHEMICAL PEEL

Date: _____ Name: _____

- 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?
- Yes No - Do you use Retin-A, Renova, Retnoids/Vitamin-A derivatives, had a deep chemical peel by a doctor, facial surgery, laser resurfacing, or using Accutane within the last 12 months?
- Yes No - Are you presently under the care of a dermatologist?
- Yes No - Are you currently taking any medications (particularly hormones, 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 COVID-19 (coronavirus), cold sores, active herpes outbreak, or the flu?
- Yes No - Have you received Botox, Restylane, or Collagen injections in the past 30 days?
If Yes, when: _____
- Yes No - Have you recently used any spray tans, self-tanning lotions, creams, or treatments?
- Yes No - Are you currently taking birth control or Hormone Replacement Therapy (HRT)?
If so, any recent changes to or from your contraceptives? Yes No

UPGRADES

- HydroJelly Masque (\$20 Face / \$60 Back) L.E.D. Therapy \$30
- Phyto-Firming Serum \$12 High-Frequency Therapy \$10 Under Eye Treatment \$5

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 it's 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, waxing session, L.E.D. session, microdermabrasion session, or chemical peel session.

Signature of Client (Or Guardian)

Print Name (Relation if necessary)

Date

Signature of Esthetician

Ryan DuPree FB9771808

Print Name

Date