



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?
- Yes No - Do you use Retin-A, Renova, Retnoids/Vitamin-A derivatives, had **any** chemical peels, facial surgery, laser resurfacing, or using Accutane within the last 12 months?
- 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 COVID-19 (coronavirus), Monkeypox, cold sores, active herpes outbreak, or the flu?
- Yes No - Have you received Botox, Restylane, or Collagen injections in the past 21 days?
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 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 HydroJelly Masque \$20
- Contouring Serum \$10 High-Frequency Therapy \$10 Under Eye Treatment \$10

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. therapy, 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 _____