



## Client Consent Form: Waxing

Please mark all of the above that 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  
Phlebitis  
Fragile capillaries  
Varicose Veins

### Post Treatment Home Care Instructions:

- Apply sunblock with SPF of at least 15
- Avoid using a loofah or other abrasive 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 following waxing

**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 as soon as possible.**

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/him and her/his 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 or prescription drugs or products 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 Name (printed) \_\_\_\_\_

Client Signature \_\_\_\_\_

Specialist \_\_\_\_\_ Date \_\_\_\_\_