

WAXING RELEASE FORM

Date _____

Name _____

Referred by _____

WAXING TREATMENT YOU WILL BE GETTING TODAY

WAXING TREATMENTS YOU HAVE HAD IN THE PAST:

Eyebrows _____
Lip _____
Chin _____
Face _____
Back _____
Arms _____
Legs _____
Chest _____
Brazilian _____
Bikini _____

HAVE YOU EVER HAD A REACTION TO A WAXING TREATMENT? _____

IF SO, WHEN AND WHAT WAS YOUR REACTION AND HOW LONG DID IT LAST?

ARE YOU CURRENTLY USING:

___ ACCUTANE ___ RETIN A ___ COUMADIN ___ ANY BLOOD THINNER

I do fully understand all the above questions and have answered them all correctly to the best of my knowledge. Furthermore, I know that it is my responsibility to alert the Esthetician about any recent surgeries or skin resurfacing procedures as well as any medications I may be taking. I understand that waxing can and may cause small red bumps on the skin. This is a normal reaction in some people and may take several days to a week to go away. I cannot hold the Esthetician responsible for any problems that may occur during or after treatment.

Signature _____ Date _____