

## WAXING RELEASE FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

Referred by \_\_\_\_\_

WAXING TREATMENT YOU WILL BE GETTING TODAY

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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?

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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 \_\_\_\_\_