



Waxing

☐ Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email Address _____

Birthday _____ How did you hear about us? Friend Google Facebook SpaFinder Other _____

Are you using any skin lightening products or topical medications? **No Yes**

Have you used any AHA, Glycolic or Retinol products in the past 48-72 hours? **No Yes**

Have you or do you plan on spending any time in the sun? **No Yes**

Post Waxing Instructions for 24-48 hours

- **No direct sun**
- **No exfoliation**
- **No steam, saunas or hot tubs**
- **Use a Zinc Oxide based sunscreen to prevent hyperpigmentation**

Please note that waxing does have certain side effects such as redness, swelling, tenderness and skin removal.

I have read the above information and if I have any concerns I will address these with my Aesthetician. I give permission to my Aesthetician to perform the waxing procedure we have discussed and will hold her and her 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, prescription drugs or products I may be currently ingesting or using topically.

I understand my Aesthetician will take every precaution to minimize or eliminate a negative reaction. I have read and understand the post-treatment home care instructions and I am willing to follow any recommendations made by my Aesthetician for a home care regimen that can minimize or eliminate a possible negative reaction.

Client Signature _____ Date _____