

WAXING CONSENT FORM

Name:								
Address:					City:			
State:	Zip:	Cell F	Phone:					
• How oft	en do you have waxing done	e?						
• Have yo	u ever had a reaction to a w	axing se	rvice?	YES	NO			
	If yes, please describe:							
• Do you h	nave any tendencies to:							
- If yes, p	Ingrown hair Scarring Bumps Hyperpigmentation Bruising allergic to anything? blease describe: u received Botox treatments u been or will you be in the	s in the l	ast 72 ho	urs?		NO 4 hours of th	uis treatment í	 ?
• Are you	using or taking:							
 Accutane or Tetracycline Retinoids such as Retin-A, Renova, or Differin AHA/Alpha-Hydroxy Acid BHA/Beta-Hydroxy Acid Glycolic Acid Any other medications: 			YES YES YES YES YES	NO NO NO NO				
Are you currently pregnant?			YES	NO				
• Do you have Diabetes, Phlebitis, or skin irritations?			YES	NO				
• Is your skin dry?			YES	NO				

I have been advised the service(s) provided to me by this salon could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, soreness, etc. I am aware that certain medications and over-the-counter products can significantly increase the risk of injury when combined with skin care services. I understand that V Luxe Spa does not recommend skin care services for customers using Retin-A, Acutane, and products contacting alpha hydroxyl, or any other skin thinning treatments. I hereby confirm that I am not using any medications that may cause or contribute to such injury/reaction. I will advise my esthetician if I use any such medications in the future. I understand there are often inherent risks associated with skin care services, and I agree that as a condition of providing these services on an ongoing basis, I will not hold V Luxe Spa and Esthetician liable.

CLIENT - Signature:	Date:	
ESTHETICIAN - Signature:	Date:	