

WAXING CONSENT FORM

No	ame:					
Address: (City:	City:	
Sto	ate: Zip: Cell P	hone	e:			
•	How often do you have waxing done?					
•	Have you ever had a reaction to a waxing service - If yes, please describe:					
•	 Scarring Bumps Hyperpigmentation Bruising YES YES YES	NO NO NO NO NO				
	- If yes, please describe:					
•	Have you received Botox treatments in the last 7 Have you been or will you be in the sun and/or to				ent? YES NO	
•	Are you using or taking:		YES YES YES YES YES	NO NO NO NO		
•	Are you currently pregnant?		YES	NO		
•	Do you have Diabetes, Phlebitis or any skin irritati	ions?	YES	NO		
•	Is your skin dry?		YES	NO		
bu me skin cu tre inju un of	ave been advised the service(s) provided to me be to not limited to: allergic reaction, irritation, burning edications and over the counter products can sign neare services. I understand that Indulge Studios & stomers using Retin-A, Acutane and products con atments. I hereby confirm that I am not using any ury/reaction, and I will advise my esthetician should derstand there are often inherent risks associated providing these services on an on going basis, I will ble.	y, redr nificar & Skin Itactir med Id I uso with s	ness, sor ntly incr Center ng alpho ications e any su kin care	reness, ect. I am aware that ease the risk of injury when control of the risk of injury when control of the result	certain combined with are services for thinning te to such e. I as a condition	
Cl	LIENT - Signature:			_Date:		
ES	THETICIAN - Signature:			_Date:		