



Client Consent: Waxing

Contact Information

First Name: **Hannah**

Last Name: **Haines**

Phone Number: **(303) 919-5174**

Email: **hannah+33@appitventures.com**

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?

No

Are you using Retin-a, Renova, or Accutane (an oral form of Retin-a)?

No

Are you using any other skin thinning products and/or drugs?

No

Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon?

No

Do you use a tanning bed?

Yes

Are you diabetic?

Yes

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

I have read the above information and if I have any concerns, I will address these with my esthetician. I give permission to my esthetician 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 or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post-treatment care, I will consult the esthetician immediately.

Signature:

A handwritten signature in black ink, featuring a stylized, cursive script with a prominent loop and a vertical stroke.

Date : 03/31/2021