

REJUVENATION SPA OF ALPHARETTA
Christi Stowers Enterprises
1380 Upper Hembree Road, Roswell, GA 30076

Consent Form – Waxing

Patient Name: _____ Date: _____

Have you used any alpha Hydroxy Acid (AHA) or glycolic products in the 48-72 hours?
_____ no _____ yes

Are you using Retin-a, Renova, or Accutane (an oral form of Retin-a)?
_____ no _____ yes

Are you using any other skin thinning products and/or photo-sensitive drugs? If so, please list medications here:

Are you exposed to direct sun on a daily basis, or do you plan on spending more time in the sun soon?
_____ no _____ yes

Do you use a tanning bed?
_____ no _____ yes

I have read the above information and if I have any concerns, I will address these with my skin therapist. I give permission to my therapist 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 agree that this constitute full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Patient Signature: _____ Date: _____