

# Skin Perfection

## Microdermabrasion Consent Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Please Read and Initial

- \_\_\_\_\_ I understand that waxing is not a permanent form of hair removal.
- \_\_\_\_\_ I understand that the wax used is heated and must be very warm to work effectively.
- \_\_\_\_\_ I understand that topical creams, oral medications and health conditions can affect the results of waxing. I understand that I CANNOT be waxed if I am a diabetic, currently taking Accutane, using Retin A or applying any topical vitamin A bleaching treatment product more than twice per month.
- \_\_\_\_\_ I affirm that I am not at the present time a diabetic, on Retin A, Accutane, Antibiotics, have used any type of skin peeling treatment in the last three months, do not use topical vitamin A bleaching treatment products more than twice per month, and do not have any dormant skin inflammation.
- \_\_\_\_\_ I affirm I have not used any medication or topical treatments that would make my skin photosensitive two weeks prior to waxing
- \_\_\_\_\_ I affirm that I have not gotten a glycolic acid peel or other AHA treatment, facial, power bleaching treatment, relaxer perm, hair colored, been exposed to continuous sun, shaved, scrubbed, picked my face or experienced any recent peeling or irritation in the last week (7 days).
- \_\_\_\_\_ I understand that any waxing, facial and/or hair appointments involving chemical services and exfoliation cannot be scheduled more than one week apart.
- \_\_\_\_\_ I affirm that I have not applied topical creams or gels containing AHA (glycolic acid or lactic acid), BHA (salicylic acid), or bleaching gels within the last 24 hours. I understand that failure to inform the clinic of any of the above can cause extreme irritation, resulting in temporary darkening, peeling, blotchiness and extreme sensitivity.
- \_\_\_\_\_ I understand that waxing could cause breakouts, skin removal, redness, sensitivity, swelling, tenderness burns, and hyper-pigmentation. I agree to avoid all active products for 48 hours, avoid chemical treatments as directed, apply sunscreen, and avoid sun exposure.

I am currently using the following topical products on my face and neck: \_\_\_\_\_

I am currently taking the following medications: \_\_\_\_\_

**I have read the above information and initialed each section to indicate that I fully understand the results and potential risks of waxing. I give permission to Skin Perfection to perform the waxing procedure and hold Skin Perfection, and/or staff members, owners and/or affiliates harmless from any liability that may result from this treatment. I have given an accurate account of my allergens, medical conditions, and will hold the aesthetician harmless for any conditions present but not disclosed which may be affected by the procedure I am about to receive. I have read and understand the post-treatment home-care instructions and am willing to follow the recommendations made by Skin Perfection to minimize or eliminate possible negative reactions. I understand that my aesthetician will take every precaution to minimize or eliminate negative reactions. In the event I have questions or concerns regarding my treatment or suggested post-treatment care, I will consult the aesthetician immediately. Should the aesthetician not be available, I agree to seek appropriate medical care from a licensed physician as required.**

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian if client is a minor)

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_