

CONSENT FOR WAXING

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone: _____

Have you ever had any adverse reaction to waxing? No Yes

If yes, please explain:

Do you have broken skin, inflammation, suspicious growths, or active herpes? No Yes

Do you use or have you used Accutane, Retin A, Renova or any AHAs? No Yes

Please read and sign below:

If I am currently using Retin A, Renova, or any AHAs, I understand that I must discontinue use 48 hours prior to waxing. I take responsibility for alerting my therapist to any changes presented above. I also understand that I may be more sensitive to the waxing procedure if I am pre-menstrual or taking antibiotics.

I understand that following the waxing procedure, I should:

- *Apply a sun block of a minimum SPF 20.*
- *Avoid use of loofah or other abrasives to the waxed area.*
- *Avoid hot shower, sauna, Jacuzzi, or other heat source.*
- *Avoid application of Retin A, Renova, or an AHA product for 48 hours.*

Signature:

West Suburban Women's Health
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