



## Post Treatment Instructions

Avoid any aerobic exercise or vigorous physical activity until redness has subsided. Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure or tanning beds). Although SPF 30+ should already be part of your daily skin care, after this treatment, SPF 30+ must be applied daily to the treated area for a minimum of two weeks.

If you have any additional questions or concerns regarding your treatment, you will consult your aesthetician immediately.



### Skin Consult Questionnaire

1. What areas would you like to improve on your skin?
2. Do you smoke?
3. Any known allergies?
4. Do you have a tendency to keloid scar?
5. Do you suffer from claustrophobia or anxiety?
6. Do you use sunscreen daily? What is your sun exposure like?
7. Are you currently taking Accutane or a retinol product?
8. What is your diet like? Do you take any supplements?
9. What is your skin care routine?



## Waxing Consent Form

The use of high-grade hard and soft wax is used to remove unwanted hair on the body and facial region. I agree to report any information or contraindications before receiving this treatment.

I have not been using any retinol products or have had excessive sun exposure to the treatment area within the last six months.

I have not been using any chemical peels or laser in the treatment area within the last six months.

Always allow five days for menstrual cycle because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.

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

I have been informed about the treatment, procedure, indications, expected results and possible side effects. I understand that I am required to have photographs taken before, during and after treatment for my medical records. Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case. I am undergoing treatment of my own free will.

I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment.

I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the nurse/skin care specialist and all my questions have been answered to my satisfaction.