



BEAUTY SECRETS SPA
by Belen

BRAZILIAN WAX TREATMENT CONSENT FORM

Full Name: _____

Address: _____

Cellphone: _____ Email: _____

Skin Specialist: _____

Spa Location: _____

Treatment Options: BRAZILIAN WAX

Brazilian Wax is the process of using hot wax to get rid of the hair that would be visible if one were to wear a bikini bottom.

Pre-treatment Questionnaire:

Is this the first time you have received a Brazilian Wax Procedure? YES NO, Please specify: _____

I, _____, give consent to the service provider at The Treatment Room to perform the following wax services:

_____ I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours.

_____ I have been off of Accutane for at least twelve (12) months.

_____ Some possible side effects include redness, swelling and pimples, but these are temporary and generally fade within 72 hours.

_____ For Brazilian and/or bikini waxing, I will notify my service provider if I am on my menstrual cycle.

_____ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).

_____ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.

_____ I agree to adhere to all safety post care including: no peels, tanning or wet room services; no swimming/spas/hot tubs for 72 hours after waxing; and all home skin care protocols as recommended by my service provider.

_____ I am over 18 years of age or I have parental consent co-signed below.

_____ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

Treatment Agreement:

My signature acknowledges that I have read and agree to receive the treatments or series of treatments listed above and that I will adhere to all of the aforementioned statements that I have initialed.

In addition, by signing this consent, I understand and agree as follows:

I undertake to inform at all times about my state of health to the skin specialist. According to this, I declare that I have not omitted any changes of medical history. If I undergo any changes during treatment, I will let the skin specialist know, so that timely measures can be taken. Hereby declare that I am the one who requesting the Brazilian Wax treatment and that it was not the person in charge of performing it who convinced me of receiving the Brazilian Wax Treatment. I certify that I have read all the information and accept its contents. I certify that I have had the opportunity to ask about every aspect that I didn't understand at the beginning and I received timely explanations. I understand all the information about the treatment and procedure. If the client is a minor, I, legal guardian for minor, consent to treatment is done and confirm what was stated above.

I understand that all treatments are non-refundable, and a \$35 deposit is required to schedule the first appointment, which will be credited towards the treatment. Any appointment missed, late cancelled, or changed without 48-hour notice will result in a charge equal to the \$35.00 deposit meaning that it will not be credited towards the treatment. In addition, I understand that I am required to pay 50% of the full treatment cost after my first appointment.

Date _____ of _____ 20_____

CLIENT SIGNATURE: _____