

pelle — spa

Informed Consent for Wax

Full Name _____ Age _____ Date _____

Precautions & Considerations:

Please read these valuable guidelines.

Sunburned, irritated or areas with open skin cannot be waxed.

Moles cannot be waxed.

You must wait a minimum of seven (7) days before waxing after a light chemical peel or microdermabrasion.

Waxing cannot be performed if you have been in a tanning booth the same day. No sun/tanning booths for 2 days following a waxing treatment. Extra precaution should be taken if using tanning accelerators. Wait 2-3 days to wax before/after tanning with accelerators.

Women may experience extra sensitivity to waxing up to a week prior to the beginning of their menses.

Inform Technician If You Are Using:

- Acne medications
- Bleaching agents for hair (used mostly for upper lip)
- Bleaching agents for pigmentation of skin (Hydroquinone, Trilumena)
- Previous chemical depilatories such as Nair Alpha Hydroxy Acids (Glycolic, Lactic) Retinol Salicylic Acid Other exfoliates

Possible Side Effects May Include the Following:

- Irritation Erythema (redness of the skin)
- Edema (accumulation of fluid)
- Ingrown Hairs
- Inflammation
- Bleeding
- Bruising
- Allergic Reaction
- Infection
- Hypo or Hyperpigmentation (skin darkening or lightening)

My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.

I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for lectures. I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.

I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if I choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. By my signature below I am acknowledging that I have thoroughly read and understood this document, and am signing this waiver/ release/ consent voluntarily and with full understanding. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

Signature

----- Date -----

Signature of Parent/Guardian (if patient is under 18)

----- Date -----

Provider Name and Signature

----- Date -----

*This consent is good for one year.