

Kingwood Skin Essentials

My signature acknowledges that I have read and agree to receive the following treatments or series of treatments listed below:

I, _____ give consent to Kingwood Skin Essentials Med Spa to perform the following body sugaring/waxing services:

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. _____ (Initial)
- I have been off Accutane for at least 12 months. _____ (Initial)
- Possible side effects include but are not limited to: Mild redness, extreme redness, bruising, local swelling, stinging, tenderness, dry skin, flaking, scabbing, lightening or darkening of the skin, infections, pimples, bumpy appearance, and cold sores. Most side effects are temporary and generally face within 72 hours. _____ (Initial)
- I am not pre or on my mense for all Brazilian waxing. _____ (Initial)
- I do not have any open skin lesions, active herpes outbreak (cold or genital). _____ (Initial)
- I understand that with treatment certain risks are involved and that any complications or side effects from known or un-known causes could occur. I freely assume these risks. _____ (Initial)
- I agree to adhere to all safety post care including: no peels, tanning, or wet room services for 72 hours to one week and that I should use Hovans Medi Cream as recommended by Kingwood Skin Essentials Med Spa. _____ (Initial)
- I am over 18 years of age or I have a parental consent co-signed below. _____ (Initial)
- I will call to inform of any complications or concerns I may have as soon as they occur. _____ (Initial)

Client Signature: _____ Date: _____

Witness or Parent Signature: _____ Date: _____

We have the right to refuse services for all waxing if proper hygiene has not been followed. Please shower before Brazilian and Bikini sugaring and all body waxing and or sugaring. Thank you.