

# *Suzi's Skin Care Studio LLC.*

Waxing Release Form!

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Contact #*

\_\_\_\_\_  
*Email*

Check off if using or taking any of the following:

- Accutane for Acne
- Retin-A for acne & anti-aging
- Glycolic Acid
- Alfa Hydrox Acids
- Laser Therapy

We cannot wax the facial or body area if you are using topical drugs. Please notify your esthetician. Because it takes a period of time to rid your system of all drugs, please tell your esthetician exactly how long you have been off any of these drugs, if you had been using any from the list above in the recent past.

If you wish to have this treatment, complete and sign this form I understand the above statement and consent to the treatment requested. If any problem(s) results, I will hold Suzi's Skin Care Studio LLC. Completely harmless.

\_\_\_\_\_  
*Client's Signature*

\_\_\_\_\_  
*Technician's Signature*