

Waxing Application

Name _____ Date _____
Address _____ Phone (H) _____
_____ (W) _____

Please answer the following questions:

Please indicate by marking an "X" whether you have now or have ever had any of the following medical conditions:

_____ Diabetes _____ Dermal Abrasions _____ Warts
_____ High/Low Blood Pressure _____ Varicose Veins _____ Stomach Ulcers
_____ Excessive Moles
_____ Any other skin condition (Please explain below)

Please indicate by marking an "X" whether you are taking any of the following medications:

_____ Acutane _____ Tetracycline _____ Cortisone
_____ Blood Pressure _____ Thyroid Medication _____ Glycolic Acid
_____ Retin-A (in last 6 mo.) _____ Alpha Hydroxy Acid
_____ Any other medications (Please explain below)

Are you under the care of a Dermatologist? _____

Please indicate below the date of your most recent:

Tanning (Sun) _____ Chemical Peel _____
Tanning (Bed) _____ Waxing _____

Do not expose skin to the sun/indoor tanning for at least 48 hours after the waxing service.

I understand that I am accepting any reaction from a waxing service and I release High Tech Design & Day Spa and their staff from any liability from injury as a result of this waxing service.

Signature _____ Date: _____