




LASH HOUSE

 @LashHouseBradenton

 lashhousefl@yahoo.com

CLIENT FULL NAME

ADDRESS

EMAIL

PHONE

INSTAGRAM @NAME

BIRTHDAY

Have you used any Alpha Hydroxy Acid (AHA), or glycolic products in the past 72 hours? ☐ Yes ☐ No

Are you using Retin-A, Renova, or Accutane (an oral form of Retin-A)? ☐ Yes ☐ No

Are you using any other skin thinning products and/or drugs? ☐ Yes ☐ No

Are you exposed to the sun daily, or are you considering spending more time in the sun soon? ☐ Yes ☐ No

Are you diabetic? ☐ Yes ☐ No

For Bikini - Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.

CONSENT SIGNATURE FOR WAXING

Please note; waxing has certain side effects such as skin removal, redness, swelling, tenderness, etc.

- I have read the above information and if I have concerns, I will address these with my skin therapist. I give permission to my esthetician to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment.
- I have given an accurate account of the questions asked above including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.
- I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product post-treatment care, I will consult the esthetician immediately.
- I agree that this constitutes full disclosure, and that it supercedes previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs, and that I have had sufficient opportunity to discuss to have and questions answered.
- I understand the procedure and accept the risks. I do not hold the esthetician responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

PHOTO CONSENT

I, _____ grant permission to Lash House FL, LLC for the use of the photograph(s) or electronic media images as identified below in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying Lash House, LLC in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them.

Client Signature

Date Signed