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**Questionnaire:**

Are you currently taking any medications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any skin conditions? (Example: Eczema, Psoriasis, etc...)

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Are you currently pregnant or nursing?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you using any active ingredients? (Retinol, Tretinoin, Salicylic Acid, Glycolic Acid, etc...)

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**What to expect:**

* During the treatment some mild pain may occur, while wax is being removed.
* After being waxed the treated area will be temporarily red, and sensitive. Some may experience swelling.
* Softer skin.

**Aftercare:**

* Avoid heat (saunas, hot tubs, exercise, hot showers, etc...)
* Active ingredients; skip all actives for at least 3-5 days after waxing. (Retinol, tretinoin etc...)
* Avoid scratching, and touching the treated area.
* Use gentle cleansers and light moisturizers.
* Ensure to apply SPF for week after to ensure no sunburn occurs.

**Photographs**

I authorize the taking of my clinical photograph and their use for clinical purposes by the physician and team. I understand that my identity and confidentiality will be protected.

**Consent**: I understand that waxing may cause redness, swelling, and skin irritation. I disclosed all relevant medical history, allergies skin, skin conditions, and am not using any active ingredients on my skin currently. I agree to follow my post care sheet, and have had time to ask all questions.

**SIGNATURE:**

**Patient**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide**r: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_