



BEAUTY, HEALTH & WELLNESS

Facial Waxing Consent Form

IT IS IMPORTANT THAT YOUR ESTHETICIAN KNOW ANY MEDICATIONS THAT YOU ARE TAKING AND/OR ANY SKIN PRODUCTS THAT YOU ARE USING. THIS CAN ENSURE A SAFE AND SUCCESSFUL WAXING EXPERIENCE. IF YOU ARE TAKING OR HAVE TAKEN ANY OF THESE MEDICATIONS WITHIN THE PAST THREE MONTHS PLEASE INFORM YOUR ESTHETICIAN PRIOR TO WAXING.

- **ACUTANE (ACNE MEDICATION) NO WAXING FOR 1 YR AFTER LAST DOSE**
- **ADAPALENE (ACNE MEDICATION) NO WAXING FOR 1 YR AFTER LAST DOSE**
- **ALUSTRA (RETIN A)**
- **ANTIBIOTICS**
- **AVAGE (TAZORAC – ACNE MEDICATION)**
- **AVITA (TYPE OF RETIN A)**
- **CLINDAMYCIN**
- **DIFFERIN (ACNE MEDICATION)**
- **DOXYCYCLINE**
- **ERYTHROMYCIN**
- **ISOTRETINOIN (LIKE ACCUTANE)**
- **MADIFLOXICINE**
- **METRONIDAZOLE**
- **MINOCYCLINE**
- **RENOVA (RETIN A)**
- **TAZARAC (ACNE MEDICATION)**
- **TAZAROTENE (LIKE TAZORAC)**
- **TETRACYCLINE**
- **TRETINOIN (LIKE RETIN A)**

IF YOU ARE CURRENTLY USING OR HAVE DONE ANY OF THE FOLLOWING WITHIN THE PAST 3 MONTHS, PLEASE INFORM YOUR ESTHETICIAN. THESE PRODUCTS/TREATMENTS CAN MAKE THE SKIN MORE SENSITIVE. THIN, SENSITIVE SKIN IS MORE VULNERABLE TO LIFTING AND SENSITIVITY DURING WAXING. PERMANENT SCARRING CAN RESULT IF YOU ARE TAKING SUCH MEDICATION AND DO NOT INFORM YOUR ESTHETICIAN.

- **OTHER ACNE MEDICATIONS NOT LISTED ABOVE**
- **BLEACHING AGENTS FOR HAIR (USED MOSTLY FOR UPPER LIP)**
- **BLEACHING AGENTS FOR PIGMENTATION OF SKIN (HYDROQUINONE, TRILUMENA)**
- **PREVIOUS CHEMICAL DEPIATORIES SUCH AS NAIR**
- **BENZOYL PEROXIDE (PROACTIVE)**
- **ALPHA HYDROXY ACIDS (GLYCOLIC, LACTIC)**
- **ORAL ANTIBIOTICS OR TOPICAL ANTIBIOTICS**
- **RETINOL, SALICYLIC ACID OR OTHER EXFOLIANTS**
- **CHEMICAL PEELS, MICRODERMS OR LASER REJUVENATION**

I HAVE READ THE ABOVE AND UNDERSTAND IT. MY PROVIDER HAS ANSWERED MY QUESTIONS SATISFACTORILY. I ACCEPT THE POSSIBLE RISKS AND COMPLICATIONS OF THE TREATMENT.

PATIENT SIGNATURE_____	DATE_____	PATIENT SIGNATURE_____	DATE_____
PATIENT SIGNATURE_____	DATE_____	PATIENT SIGNATURE_____	DATE_____
PATIENT SIGNATURE_____	DATE_____	PATIENT SIGNATURE_____	DATE_____

THANK YOU FOR CHOOSING AND TRUSTING MIRABILE M.D. BEAUTY, HEALTH & WELLNESS FOR YOUR AESTHETIC NEEDS.

PLEASE FEEL FREE TO CALL (913) 888-SKIN (7546) IF YOU HAVE ANY QUESTIONS