

Lisa Albera., DBA/Spa La La

Licensed Skin Care Specialist:

CLIENT CARD FOR WAXING SERVICES:

Date: _____ Name: _____

Who Referred you?: _____

Full Address: _____

Home Phone: _____ Bus Phone: _____

Cell Phone: _____ Date of Birth: _____

Email Address: _____

Are you currently or have you been on any of the following products in the past 4-6 weeks?

Accutane ___ Retinol ___ Tretinoin Cream ___ Alpha Hydroxy Acid ___ Steroids ___ Benzoyl Peroxide ___ Cortisone ___ Glycolic Acid ___ Any Peeling Agents ___ Hydroquinone ___

Are you a Diabetic? ___ Are you currently taking birth control Pills? ___ Have you experienced a sunburn in the area(s) to be waxed in the past week? ___ Are you currently on your menstrual cycle? ___ Do you have any skin diseases? ___ Do you have Hepatitis ___

You may experience temporary redness and or swelling in the area waxed. This will subside within a few hours post waxing. If this does not subside you will need to contact this office and or your physician. You may also experience some breakouts (acne) in the area waxed, due to de-capping the hair follicle in that area. If you are taking the birth control pill and still agree on the waxing services, you may experience a discoloration in the area waxed. This is called hyperpigmentation which may not subside and may become permanent.

After washing avoid deodorants, soaps, abrasive products, sunbathing and tanning salons for twenty to forty eight hours as it can cause irritation and hyperpigmentation.

I have read and understand the statements above. I do not hold the Aesthetician or the facility responsible for any of the above mentioned statements. By signing this agreement I choose to go ahead with the service.

Signature of the Client or Guardian: _____ Date: _____

Lisa Albera., DBA/Spa lala
(805) 295-0092