



4318 Downtowner Loop North

Suit T, Mobile, Al. 36609

Name: _____ Date: _____ Date of Birth: _____

Address: _____

Cell/Home Phone: _____ Email Address: _____

Referred by: _____

I, _____ give Alabama board certified aEsthetician Crystal Quattrone to perform the following wax services: _____

- I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, and other peels, exfoliated or tanned in the last 72 hours. ☐ (Initial)
- I have been off Accutane for at least 12 months. ☐ (Initial)
- Some possible side effects can include redness, swelling, and pimples, but are temporary and generally fade within 72 hours. ☐ (Initial)
- I do not have any open skin lesions or active herpes outbreak (cold or genital). ☐ (Initial)
- I understand that with this treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks. ☐ (Initial)
- I agree to adhere to all safety post care including: no peels, tanning, or wet room services for 72 hours to one week and all home skin care protocols as recommended by Crystal Quattrone ☐ (Initial)
- I am over 18 years of age or I have a parental consent co-signed below. ☐ (Initial)
- I will call to inform Crystal Quattrone with any complications or concerns I may have as soon as they occur. ☐ (Initial)

*My signature acknowledges that I have read and agree to receive the following treatments or series of treatments listed above and that I adhere to all the above statements I have initialed.

Client Signature: _____ Date: _____

aEsthetician Signature _____ Date: _____

Consent to treatment of a minor: By my signature below, I hereby authorize Crystal Quattrone to administer waxing techniques to my child as they deem necessary.

Minors Name:

Signature of Parent or Guardian:

Date: _____