Clarity Day Spa

AUTHORIZATION AND CONSENT FOR WAXING

Name: _____

Date: _____

Email: _____

Patient Questionnaire: By signature below, I certify that the answers given herein are true and complete to the best of my knowledge.

Have you ever had an adverse reaction to waxing? [ ] Yes [ ] No
If yes, please describe:

_____

Have you been tannin in the past 48 hours? [ ] Yes [ ] No
Are you currently affected by any of the following conditions?

Varicose Veins	[ ] Yes	[ ] No	Menstrual Cycle	[ ] Yes	[ ] No
Recent Surgery	[ ] Yes	[ ] No	Recent Peels	[ ] Yes	[ ] No
Phlebitis	[ ] Yes	[ ] No	Herpes	[ ] Yes	[ ] No
Diabetes	[ ] Yes	[ ] No	Recent scar tissue	[ ] Yes	[ ] No
Sunburn	[ ] Yes	[ ] No	Rash	[ ] Yes	[ ] No
Allergies	[ ] Yes	[ ] No	Distended capillaries	[ ] Yes	[ ] No

Do you have any medical conditions, health problems, or other physical conditions that might affect your waxing service today? [ ] Yes [ ] No
If yes, please explain:

_____

Are you currently taking:

Accutane	[ ] Yes	[ ] No	Retinol	[ ] Yes	[ ] No
Tetracycline	[ ] Yes	[ ] No	Renova	[ ] Yes	[ ] No
Differin Gel	[ ] Yes	[ ] No	Retin A	[ ] Yes	[ ] No
Any retinoid medication	[ ] Yes	[ ] No			

Have you recently taken any blood thinners (i.e. aspirin, alcohol, Tylenol) [ ] Yes [ ] No
If yes, please list:

_____

Are you pregnanat? [ ] Yes [ ] No

118 Vintage Park Blvd. Suite B Room 47 Houston, TX 77070 **T:** (281) 330-7430
ClarityDaySpa.com

Authorization: I hereby authorize Jane Millican to perform a waxing procedure on me. I fully understand this procedure has limited applications. I acknowledge I have had the opportunity to ask questions, and I fully understand the procedure. I understand I am responsible for all costs of the procedure and related treatments.

Waiver: I have had the opportunity to ask questions regarding this procedure I understand any false or misleading information I have given may lead to undesired results and complications and hereby waive Jane Millican liability if such results or complications occur. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of action against Jane Millican for negligence, injury, loss, death, costs or other injuries or damages to me as a result of this procedure. I agree this waiver and release shall bind the members of my family and any spouse or domestic partner, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue Jane Millican.

MAXIMUM LIABILITY: JANE MILLICAN'S MAXIMUM AGGREGATE LIABILITY TO PATIENT RELATED TO OR IN CONNECTION WITH THE PROCEDURE PERFORMED WILL BE LIMITED TO THE TOTAL AMOUNT PAID TO JANE MILLICAN FOR THE PROCEDURE DESCRIBED IN THIS AUTHORIZATION AND CONSENT.

I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure described above.

Patient Signature	Printed Name	Date

Signature of Parent/Guardian (if under 18)	Printed Name	Date

I hereby authorize Jane Millican to photograph or permit other persons to photograph me before, during and after this procedure. I agree that Jane Millican may use and permit other persons to use the negatives, tapes or prints prepared from such photographs for such purposes and in such manner, as they may deem appropriate. I agree the photographs may be used for purposes, including, but not limited to, dissemination to physicians, heath professionals, and members of the public for educational, treatment, research and advertisement and recruitment of prospective patients, that such dissemination may be accomplished in any manner, and that such use is subject only to the imitation that the patient's name will not be revealed. I understand that I will not be provided with any type compensation or discount if Jane Millican used the negatives, tapes or prints prepared from such photographs.

Patient Signature	Printed Name	Date