

Hair Removal Client Consent Form

Full Name

Date of Birth

Phone Number

Email

Address

Area(s) for Hair Removal

Please list any allergies, medications, or health conditions

Consent Acknowledgment

☐

I have been informed about the hair removal procedure, its risks and benefits.

☐

I have disclosed all relevant medical information to my provider.

☐

I agree to follow aftercare instructions.

☐

I consent to receive the hair removal treatment.

Signature

Date