



Daisy's Salon and Body Boutique Waxing Form:

Name: _____ Date: _____

Technician: _____

Do you have any allergies or sensitivities (including lidocaine)?

If Yes, please list all. _____

Do you use Retin A, Alpha Hydroxy, Accutane or Renova?

Please list any medications you are currently taking. _____

Signature: _____



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