



CONSENT FOR TREATMENT

Waxing

PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested waxing. The procedure may require multiple sequential treatments and does not result in permanent hair loss. Low-temperature hard wax is used which does not typically adhere to your skin, only the hair.

PROCEDURE

Low-temperature hard wax is applied to the body and removed resulting in hair removal. Generally, the waxing of the face can be done every 2-3 weeks and waxing of the body can be done every 3-6 weeks.

RISKS AND COMPLICATIONS

1. It is rare, but possible that waxing may result in skin tearing or removal, redness, scabbing, bruising, scarring, breakouts (pimples), inflamed follicles or pigment issues. Avoiding sun exposure before and after the treatment reduces the risk of color change.
2. A skin infection is always possible. Should an infection occur, additional treatment including antibiotics may be necessary. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. Any infection could last seven to ten days and could lead to scarring or skin discoloration. Skin rash and swelling may occur. Herpes simplex virus infections around the mouth or genitalia can occur following a treatment. Should any type of breakout occur, additional treatments or antibiotics may be necessary.
3. It is very possible that this procedure may fail to achieve your desired results. Strict adherence to the pre-op and post-op instructions is essential. You may need to repeat your treatments to achieve the desired results.

BENEFITS

The use of waxing has been known to be safe and effective in reducing hair.

ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: laser hair reduction, shaving, tweezing, electrolysis and chemical epilation, and more.

QUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic's general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform waxing and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

