

Tell me about any medications you take: _____

Accutane? Yes No; Antibiotics? Yes No; Birth Control? Yes No

I have read and completed this questionnaire truthfully. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive are voluntary and I release the company and/or skin care professional from liability.

Signature: _____ Date: _____