



Lymphatic Drainage Post-op

INTAKE/WAIVER FORM

Print Name: _____

IMPORTANT: If Any Of The Conditions Below Are Marked, Mechanical Lymphatic Drainage (MLD) Post-op Is NOT A Safe Service For You And You Are Not Eligible For This Service. Please Mark Any Of The Following That Apply. Please Check Any Medical Condition Listed Below That You Apply To You, If The Condition Does Not Apply To You Please Indicate N/A (Not Applicable).

Condition	Yes/NA	Condition	Yes/NA
Cancer		Allergies (during attacks)	
Rash/Inflamed Skin		Thyroid	
Fever/Infection		Use of Blood Thinners	
Heart Kidney or Liver Disease		Organ Transplants	
Asthma		Pregnancy	
Diabetes			

I Affirm That I Have Stated All My Known Medical Conditions And Answered All Questions Honestly. I Agree To Keep Pure Skinz Aesthetics Updated As To Any Changes In My Medical Profile And Understand That There Shall Be No Liability On The Pure Skinz Aesthetics Part Should I Fail To Do So. Please Understand This Is For Your Safety And Well-Being. Your Health Is Important To Us.

Signature: _____ Date: _____