

# Waxing Consent Form

---

## (Aesthetics)

Date:

## Patient Information

- **Patient Name:**
- **Date of Birth:** Patient DOB

## Consent Statement

I acknowledge that I have read and understand the information provided about this treatment/service. I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction.

I agree to the terms and conditions described above

---

## Signature

**Patient Signature:** (Sign below)

Date:

---

**Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co., Primary Medical of IN, P.C.**



# Signature Certificate

Document name: Waxing Consent Form

🔒 Unique Document ID: 6FA61B225260BFE8C820AE4AE462F6186EF79E9C

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

2026-02-01 23:11:32 UTC

## Audit

Document Waxing Consent Form  
Uploaded by ENNU - admins-ennu@ennu.co  
IP: 24.238.5.27



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

Page 2 of 2