

Informed Consent for Microdermabrasion

I, _____ give my consent for microdermabrasion to be performed by _____.

Please read and initial each of the statements below:

_____ I certify I am over the age of 18.

_____ I have voluntarily elected to receive microdermabrasion after the nature and purpose of this treatment has been explained to me.

_____ I understand that microdermabrasion can be used to diminish the appearance of fine lines and wrinkles, improve texture/tone, reduce pore size, increase hydration and moisture retention, give skin a smoother appearance and diminish the appearance of hyperpigmentation.

_____ I understand that the following conditions preclude me from having this treatment at this time and verify that none of the following conditions apply to me at this time:

- Pregnancy/Lactating
- Herpes Simplex (cold sores or fever blisters)
- Unhealthy or broken skin
- Inflammation
- Extensive sun or tanning 3 days prior and 3 days post treatment
- Accutane in the past 6 months to 1 year
- Glycolic acid products, Retin-A or Renova in the last 4 weeks
- Waxing the area to be treated in the past 7 days
- Any other chemical peel within 8 weeks of the treatment

_____ I recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is a possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

_____ I understand and acknowledge that there are risks involved with the treatment I will be receiving including, but not limited to:

- Mild to moderate discomfort or pain
- Acne or milia breakout
- Slight redness or swelling
- Itching or irritation
- Sun sensitivity
- Skin sensitivity
- Pigment changes
- Scarring
- Allergic reaction
- Bacterial infection
- Skin peeling or flaking up to 14 days after the procedure

_____ I have been informed of possible benefits, risks, and complications, and I have had the opportunity to ask questions regarding these risks and other possible complications.

_____ I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment of suggested home product/post-treatment care, I will consult the esthetician immediately.

_____ I understand that direct sun exposure is prohibited while I am undergoing treatment and that the use of sun block protection with a minimum of SPF 15 is mandatory.

_____ I agree to refrain from excessive sun exposure or the use of a tanning bed while I am undergoing treatment and during the 14 days following the end of the treatment.

_____ I have, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages which might occur to me while I am undergoing this procedure. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Name Printed

Signature

Date

Esthetician Name Printed

Signature

Date
