

Microdermabrasion Consent Form

- Do not wear contact lenses to treatment sessions - they can be placed back in after treatment
- Do not use glycolic, AHAs or any retinol products 48 hours before or after treatments
- A minimum of 4 treatments or more are recommended in order to achieve desired results
- MUST not currently be taking ACCUTANE. if taken in past, must be off at least 6 months to 1 year
- No suntan beds to be used 2 week post treatment (recommended never to use tanning beds)
- Sunscreen of at least SPF 15 to be applied and re-applied during sun-exposure
- Keep treated area clean and well moisturized

Informed Consent

Microdermabrasion projects a flow of inert crystals over the skin and abrades away epidermal tissue in the areas treated. Microdermabrasion is used to diminish the appearance of hyperpigmentation, fine lines and other skin conditions.

After a treatment, the skin may feel tight, as if exposed to the sun or wind. Most side effects are temporary and generally subside within 72 hours. Possible side effects include and are not limited to: slight or extreme redness, swelling, bruising, stinging, and tenderness, dry or flaking skin, lightening or darkening of the skin. In addition side effects could include bruising which may appear with deeper treatment levels. Healing may take several days or longer.

Anytime the skin barrier is broken, there is a small risk of bacterial or viral infection.

Your fresh newly exposed skin will be delicate. Protect it from the sun by using a moisturizing sunblock cream or minerals. Keep the area clean and dry. Do not apply ordinary make-up for at least 12 hours after the treatment, if possible. Avoid swimming and sun exposure for 1 week.

It is important to know that wrinkles, freckles, and other age spots are cosmetic in nature and pose no medical threat if they are not treated. Microdermabrasion therefore, is an elective cosmetic procedure and should only be done with these considerations.

I acknowledge that no guarantee has been given to me as to the condition of the complexion, skin pore size, wrinkles or the percentage of improvement expected following treatment, due to each individual's unique reactions.

I understand that no specific results are guaranteed.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND THEREBY CONSENT AND AGREE TO THE TREATMENT WITH ITS ASSOCIATED RISK. I HEREBY CONSENT TO RECEIVE MICRODERMABRASION TREATMENTS.

Patient's Signature: _____ Date: _____

Witness' Signature: _____