



Microdermabrasion Consent Form

Microdermabrasion uses a wand to remove superficial layers of the skin in the treated areas. The intensity of the procedure can be adjusted to your desired results and comfort level. Microdermabrasion is often used to treat acne, reduce the appearance of scars, wrinkles, hyperpigmentation and other skin conditions. A series of treatments is recommended for maximum results.

I confirm that I have none of the known conditions that could make treatment contraindicated, such as:

1. Pregnancy
2. Active herpes simplex (cold sore) in treated area
3. Recent chemical peel
4. Recent use of retinols, glycolic acids, alpha-hydroxy acids (within the last 7 days)
5. Use of *Accutane*® within the last year
6. Active acne
7. Use of photosensitive medications

Client Initials _____

I understand immediately after treatment my skin may feel tight, warm and sensitive. Slight redness might appear and should resolve itself within a few hours.

Client Initials _____

I understand a sunblock of at least **SPF 30** is strongly encouraged to use daily. Swimming and tanning beds should be avoided for 1 week. Retinoids and facial scrubs should not be used for 24 hours following treatment. Use a mild cleanser.

Client Initials _____

I understand that photo's may be taken for my medical records.

Client Initials _____

I understand no guarantee can be given as to final results, and several treatments may be needed to improve the skin condition. I certify that I have read and fully understand the above information, and that I have had sufficient opportunity for discussion. All my questions have been addressed and answered to my satisfaction.

Client Printed Name _____

Client Signature _____

Date _____

Witness _____

Date _____