## Microdermabrasion/Hydra Glow Informed Consent

Last Name, First Name	DOB	Date
Microdermabrasion exfoliates the skin by combining a dia layers of dead skin cells are abraded away, leaving a fresh painless, and non-invasive. There is no downtime after recorded for 24 hours post-treatment. Microdermabrasion is often and hyperpigmentation.	layer of skin at the surface. Mic eiving a microdermabrasion; ho	rodermabrasion is quick, owever, skin may be sensitive
Hydradermabrasion, Hydra Glow Facial also known as wet microdirritation and the added benefit of oxygen and serum infuspecialized tips to gently exfoliate the skin while simultaneskin's needs. This Hydro-technology combines exfoliation, treatment.	sion. A combination of serums a eously providing targeted nutrie	and oxygen are used along with ents to the cells based upon the
Exfoliation smooths the skin, but also allows active ingred furthering their benefits. Improving texture and tone of sk is encouraged for continued improvements. If you may be treatment.	in will be evident after one trea	tment. Monthly maintenance
Disclosure		
Being fully informed about your condition and treatment of Microdermabrasion/Hydradermabrasion. This disclosure is not most you may give or withhold your consent of this treatment.	eant to alarm you; it is simply an eff	
Patient is 18 years of age or older and has requested Microderma and improve the overall appearance of their skin.	·	ent to exfoliate
Patient should not apply ordinary make-up base for at least	st 24 hours post-treatment	
Patient should avoid Retin A, Renova, alpha, or beta hydro	oxy type products and scrubs for	<sup>-</sup> 48 hours post-treatment.
Patient should avoid facial waying swimming and tanning	, heds for one week nost treatm	nent

Slight blood spotting	Risk of exacerbation of cold sores (if par	tient has a history of cold sores)	
Minor redness or swelling	Slight risk of bacterial or viral infection		
Consent			
<ol> <li>I hereby authorize the following treatment: Microdermabrasion/Hydradermabrasion</li> <li>I have been informed of the risks/side effects of Microdermabrasion/Hydradermabrasion</li> <li>I agree to follow the provided Microdermabrasion/Hydradermabrasion post care instructions</li> <li>I understand I have the right to refuse Microdermabrasion/Hydradermabrasion</li> <li>A copy of this form is available to me</li> </ol>			
By signing below, I acknowledge that I have read the above information and understand the risks/side effects of Microdermabrasion/Hydradermabrasion. I hereby consent to Microdermabrasion/Hydrodermabrasion treatment, performed by the staff of Renew Image Advanced Aesthetics & Training Center.			
Patient		Date	
Witness		Date	

Possible side effects of Microdermabrasion/Hydradermabrasion include:

Medical Director \_\_\_\_\_

Date \_\_\_\_\_