



David A. Charles, M.D. PC

AGELESS ADVANTAGES

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MICRODERMABRASION CONSENT

Microdermabrasion uses an adjustable applicator head that removes dead surface skin cells and initiates cellular turnover at the dermis and epidermis level in a safe controlled manner. This approach respects the integrity of the skin and promotes even healing. Maintaining even cellular growth on the surface aids in the youthfulness of the skin's appearance. Microdermabrasion has been used to treat again and sun-damaged skin, some types of acne, and acne scarring, altered pigmentation, fine lines, wrinkles, and stretch marks. Results may include improved skin tone, fewer breakouts, diminished appearance of scars, even skin color, refined skin pores, renewed elasticity, and a healthy glow.

Please verify by initialing each statement below. Your initials confirm that you understand the contradictions and risks that may influence your treatment.

CONTRADICTIONS

- _____ Waxing or used hair removal cream in the last week
- _____ Active infection of any type, such as Herpes simplex virus or flat warts
- _____ Active acne
- _____ Sunburn
- _____ Recent use of topical agents such as glycolic acids and Retin-A
- _____ Any recent chemical peel procedure
- _____ Uncontrolled diabetes
- _____ Eczema/Dermatitis
- _____ Skin cancer
- _____ Vascular lesion
- _____ Inflammatory Rosacea
- _____ Tattoos (not effective) / Including permanent make up
- _____ Pregnancy/Trying to conceive/Breast feeding
- _____ Use of Accutane within the last year
- _____ Family history of hypertrophic scarring or keloid formation
- _____ Telangiectasia/erythema may be worsened or brought out by skin exfoliation
- _____ Allergic to Aspirin, fruits, or milk
- _____ Electrolysis or facial injections in the last 10 days
- _____ Have had any waxing or used hair removal cream in the last week

I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize David A Charles, MD to perform one or more treatments on me. I certify that I have read this entire informed consent and I understand and agree to the information provided in the form. My questions regarding the procedure have been answered satisfactorily. I hereby release David A Charles and Ageless Advantages from all liabilities associated with this procedure. This consent is valid for all my microdermabrasion treatments in the future as well.

Patient Name

Date

Patient Signature

Doctors Statement

I have explained the nature of the above procedure including instructions and risks. I believe that the patient understands the terms/conditions.

David A. Charles

Doctors Signature

Date

Witness Name

Date

Witness Signature