

HYDRAFACIAL™ KERAVIVE™

Treatment Consent Form

HydraFacial Keravive is a unique, relaxing treatment designed to cleanse, nourish, and hydrate the scalp for fuller and healthier-looking hair. As with most procedures, visible results from HydraFacial Keravive will vary from person to person.

Precautions:

- Your scalp may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on scalp sensitivity. In the event that these reactions occur, discontinue use of the take home spray until they are resolved.
- You may experience slight tingling and/or stinging in the treatment area. These sensations generally subside within a few hours.
- Do not use aggressive exfoliation, scrubs etc one week prior to treatment and one week post treatment.
- Client experiences may vary. Some clients may experience a delayed onset of symptoms.
- The scalp can be susceptible to sunburn/sun damage. Always avoid excessive sun exposure. We recommend using a minimum of SPF 30 sunscreen, protective clothing and accessories when exposed to the sun.

Do you have any of the following?

- An autoimmune disease such as HIV, lupus, hepatitis, scleroderm _____ Yes No
- Scalp conditions such as eczema, dermatitis, or rashes _____ Yes No
- An active infection in the treatment area _____ Yes No
- Melanoma or lesions suspected of malignancy _____ Yes No
- Active sunburn _____ Yes No
- Pregnancy or lactation _____ Yes No
- Anticoagulants Therapy _____ Yes No
- Neurological disorders such as epilepsy _____ Yes No
- Infection in the urinary system including kidneys, bladder and urethra _____ Yes No
- Crohn's Disease _____ Yes No
- Hyperthyroidism _____ Yes No
- Deep Venous Thrombosis _____ Yes No
- Lymphedema _____ Yes No
- Open lesion _____ Yes No
- Active Acne/Inflammatory Acne _____ Yes No

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Have you recently?

- Used Minoxidil (Rogaine) or similar topical medications or non-medical treatments _____ Yes No
- Color-treated your hair or added extensions _____ Yes No
- Used Propecia or any other medications or supplements _____ Yes No
- Received a PRP treatment or hair transplant _____ Yes No

I acknowledge the following:

- Photos may be taken before, during and after the HydraFacial Keravive treatment. Photos will only be used with my written approval for education, promotion or advertising purposes.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the HydraFacial Keravive treatment by the staff at _____.
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. This consent form is valid for all future HydraFacial Keravive treatments. I will alert the staff if there are any future changes to my medical history.

Print Name: _____ Signature: _____ Date: _____