HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with little-to-no downtime.

The treatment is soothing, moisturizing, non-invasive and generally non-irritating. As with most procedures, visible results from HydraFacial will vary from person to person.

What to expect:

* Your skin may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on skin sensitivity.
* You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.
* Client experiences may vary. Some clients may experience a delayed onset of these symptoms.
* You will likely see results immediately after treatment and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.
* The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 40 sunscreen.

Do you have any of the following?\*

* Active acne or infection ☐Yes ☐No
* Open lesion or cold sore ☐Yes ☐No
* An active infection in the treatment area ☐Yes ☐No
* Active sunburn ☐Yes ☐No
* Skin conditions such as eczema, dermatitis, or rashes ☐Yes ☐No
* An autoimmune disease such as lupus ☐Yes ☐No
* A viral concern such as HIV or hepatitis ☐Yes ☐No
* Anticoagulants Therapy ☐Yes ☐No
* Melanoma or lesions suspected of malignancy ☐Yes ☐No
* Pregnancy or lactation ☐Yes ☐No
* Neurological disorders such as epilepsy (LED Lights) ☐Yes ☐No
* Infection in the urinary system i.e. kidneys, bladder and urethra (Lymphatic drainage) ☐Yes ☐No
* Crohn’s Disease (Lymphatic drainage) ☐Yes ☐No
* Hyperthyroidism (Lymphatic drainage) ☐Yes ☐No
* Deep Venous Thrombosis (Lymphatic drainage) ☐Yes ☐No
* Lymphedema (Lymphatic drainage) ☐Yes ☐No

\*Saying yes does not preclude you from receiving treatments.

Have you recently?

* Used Accutane, topical medications or antibiotics ☐Yes ☐No
* Had aesthetic fillers, injectables or laser treatments ☐Yes ☐No

I acknowledge the following:

* I will avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinols that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre-and post-treatment.
* Photos may be taken before, during and after the HydraFacial 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 treatment by the staff at [Insert].
* 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 treatments. I will alert the staff If there are any future changes to my medical history.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: