

MICRODERMABRASION - CONSENT

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: Pregnancy (if so, do not do treatment), recent facial surgery, allergies, tendency to cold sores/fever blisters, use of Retin-A, Acutane, or hormones.

I understand there may be some degree of discomfort; i.e., stinging, pin-pricking sensation, hotness, or tightness.

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc. I understand I may or may not actually peel, that each case is individual.

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that to achieve maximum results, I may need four or more treatments.

I understand that although complications are very rare, sometimes they may occur and that prompt treatment is necessary. In the event of any complications, I will immediately contact the doctor/technician who performed the treatment.

I agree to refrain from tanning in tanning booths while I am undergoing treatment, and during the 14 days following the end of treatment.

I understand that direct sun exposure is prohibited while I am undergoing treatment and that the use of sun block protection with a minimum of SPF15 is mandatory.

I have not had any other skin resurfacing treatment of any kind within 14 days of the treatment. I understand I cannot have another treatment within 14 days of this treatment, whether the treatment is performed at this location or any other location.

I acknowledge that if I am prone to cold sores (herpes) around the mouth or facial area, I may need a prescription for Zovirax from my medical doctor prior to treatment and I will avoid all treatments during breakout.

I will follow home care specifically designed for me without changing or adding products without consulting my Aesthetician

I hereby agree to all of the above and agree to have this treatment be performed on me. I further agree to follow al/post-peel care instructions as I am directed.

Signature _____ **Date:** _____