MICRODERMABRASION TREATMENT CONSENT FORM

Date: _____ Name: _____ D.O.B: _____

CONTRAINDICATIONS REQUIRING MEDICAL PERMISSION –
in circumstances where medical permission cannot be obtained clients must give their informed consent in writing prior to treatment (select if/where appropriate):

☐ Pregnancy
☐ Osteoporosis
☐ Recent operations
☐ Bell's Palsy
☐ Cancer
☐ Taking Prescribed Medicine
☐ Haemophilia
☐ Nervous/Psychotic conditions
☐ Diabetes
☐ Trapped/Pinched nerve
☐ Spastic conditions
☐ Recent cosmetic or other surgery
☐ Medical Oedema
☐ Epilepsy
☐ Asthma
☐ Inflamed nerve
☐ Undiagnosed pain
☐ Injections for Personal Enhancement
☐ Cardiovascular Conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions)

If you selected any of the above, are any of these conditions already being treated by a General Practitioner or Dermatologist? ☐ Yes ☐ No

If Yes, when was your last visit with your provider? _____

If Yes, Who is your treating Practitioner or Dermatologist? _____

☐ Yes ☐ No - Do you have any special functions you will be attending within the next 7 days?

CONTRAINDICATIONS THAT RESTRICT TREATMENT (select if/where appropriate):

☐ Abrasions
☐ Botox or Dermal Fillers
☐ Broken Capillaries
☐ Bruises
☐ Cuts
☐ Hematomas
☐ Sunburn
☐ Any Known Allergies
☐ Skin Cancer
☐ Hepatitis
☐ Skin Diseases
☐ Undiagnosed Lumps
☐ Hypersensitive Skin
☐ Localized Swelling
☐ Inflammation
☐ Scar Tissue
☐ Recent Fractures
☐ Metal Pins, Plates, or Implants

If you selected any of the above, your esthetician will go over this information with you before beginning today's service.

Any of the following conditions will require us to reschedule your appointment for another day.
☐ Fever
☐ Loss of Skin Sensation
☐ Diarrhea and/or Vomiting
☐ Contagious or Infectious Disease
☐ Under the Influence of Recreational Drugs or Alcohol

REASON(S) FOR TREATMENT (select if/where appropriate):

Removal of: ☐ Comedones ☐ Milia
Treatment of: ☐ Fine lines ☐ Wrinkles Scars ☐ Lip Lines ☐ Frown Lines

CLIENT CONSENT FOR MICRODERMABRASION

I, _____ , have read the above information in each section to indicate that I fully understand what to expect. If I have any questions or concerns, I will address these with my esthetician.

I give permission to Studio Skyn, LLC. and its staff, to perform the microdermabrasion procedure. We have discussed and will hold Studio Skyn, LLC. and its staff, harmless from any liability that may result from this treatment.

I understand Studio Skyn staff will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I have given an accurate account of any over-the-counter or prescription medications and or products that I use regularly and I am not presently using isotretinoin (Accutane).

I have not had any facial surgical procedures or other chemical peels or skin treatments that I have not disclosed to my esthetician. I understand failing to inform my technician of these may cause unforeseen outcomes resulting in temporary or permanent skin damage, and take full responsibility for failing to disclose this information.

I am not presently pregnant or lactating and I am over the age of eighteen (or have a guardian present). I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn, or broken skin. I have not recently waxed or used a depilatory (Such as Nair) on the area to be treated. I do not have a history of keloidal scarring, excessive telangiectasia, rosacea, bacterial skin infections, fungal infections, viral infections, open lesions or rashes, active acne, any auto immune disease, or any other existing condition that may interfere with the positive outcome of this treatment.

I consent to the taking of my photograph to monitor treatment effects, as desired or recommended by my esthetician. My expectations are realistic and I understand that the results are not instant or guaranteed. I agree that I am willing to follow recommendations by my esthetician for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my esthetician and I acknowledge that I have been informed of the possible negative reactions and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin).

In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my esthetician immediately. I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations.

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 Studio Skyn, LLC. or who performed the treatment.

I understand that Studio Skyn, LLC. does not offer massage as a form of therapy, nor is Studio Skyn, LLC a licensed massage therapy spa. Massages offered are included in services to assist in blood circulation and relaxation are not intended to be therapeutic in nature. Clients may refuse massages by notifying the esthetician before services are rendered.

I agree that this constitutes full discloser, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

This consent is also valid for all future microdermabrasion treatments for the remainder of this calendar year. I will also complete a "Form# SSC-RTC-####" for each additional visit and inform Studio Skyn, LLC. of any changes required.

_____	_____	_____
Signature of Client (Or Guardian)	Print Name (Relation if necessary)	Date
_____	Ryan DuPree FB9771808	_____
Signature of Esthetician	Print Name	Date