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## ADVATX SKIN RESURFACING CONSENT AND RELEASE FORM

Contraindications for AdvaTx skin resurfacing are as follows.

**Please read and INITIAL each item below:**

- \_\_\_\_\_ I am not pregnant or nursing.
- \_\_\_\_\_ I do not have an active skin infection, or broken skin in the treatment area.
- \_\_\_\_\_ I do not have any history of skin cancer within the treatment area.
- \_\_\_\_\_ I have not shaved the treatment area in the 24 hours prior to treatment.
- \_\_\_\_\_ I have not used oral tretinoin such as Accutane, within 6 months prior to treatment.
- \_\_\_\_\_ I have not had any invasive aesthetic/surgical procedures performed 3 months prior to treatment, including but not limited to: Ablative Lasers (CO2 & Erbium), Deep Chemical Peels (Phenol & TCA), Blepharoplasty (eyelid surgery), Rhinoplasty (nose surgery), Rhytidectomy (face-lift), and Eye surgery.
- \_\_\_\_\_ I have not had any non-invasive/minimally invasive aesthetic procedures performed 4 weeks prior to treatment (depending on the intensity of the treatment), including but not limited to: DiamondGlow, Light & Medium-Depth Chemical Peels, Coolsculpting, Non-Ablative Lasers (IPL, BBL, LHR, PDL, Infrared), RadioFrequency devices (Eterna & Thermage), Fractional Lasers (Fraxel, Pixel, Tixel, Moxi, Halo), and RF Microneedling (Morpheus8, Secret RF, Vivace Ultra).
- \_\_\_\_\_ I have not had any injectable procedures performed 2 weeks prior to treatment, including but not limited to: Dermal Fillers (Juvéderm, Restylane, Belotero, RHA), Neurotoxins (Botox, Dysport, Xeomin, Jeuveau, Daxxify), Biostimulators (Sculptra & Radiesse), Kybella, Platelet Rich Plasma/Platelet Rich Fibrin, and Thread lifts.
- \_\_\_\_\_ I have not had any beauty/cosmetic procedures performed 2 weeks prior to treatment, including but not limited to: Dermabrasion, Microdermabrasion, HydraFacial, Facials, Threading, Eyebrow lamination & tinting, Eyelash lifts & tinting.
- \_\_\_\_\_ I have not been tanning or used self-tanning products within 2 weeks prior to treatment.
- \_\_\_\_\_ I have not applied topical steroids to the treatment area within 1 week prior to treatment.
- \_\_\_\_\_ I do not have Lupus.
- \_\_\_\_\_ I do not have an uncontrolled autoimmune disorder, diabetes or infectious disease, such as HIV, that could impair my body's wound healing response.
- \_\_\_\_\_ I do not have tattoos within the treatment area.\*\*

\*\*This is not a contraindication but tattoos will be covered during the treatment

**If any of these contraindications apply, you should NOT proceed  
with the AdvaTx skin resurfacing treatment.**

I understand that there is a possibility of side effects such as infection, scarring, and permanent discoloration, as well as short term effects including reddening, mild burning sensations, temporary bruising, and temporary discoloration (more details provided below).

- **Discomfort:** Some discomfort, including sensitivity, mild burning sensations, and temporary bruising may be experienced during and for up to 14 days after treatment.
- **Redness/Swelling:** Short-term redness and/or swelling of the treated area is common and expected to occur. This will generally subside within a few days, but can last up to a week.
- **Skin Color Changes:** During the healing process, the treated area may become either lighter (hypopigmented) or darker (hyperpigmented) in color. This is temporary, but on rare occasions may be permanent.
- **Wounds:** Treatment may result in burning, blistering, or bleeding of the treated area(s). If any of these occur, please call the office.
- **Infection:** Infection is a possibility whenever the skin surface is disrupted. To minimize the chance of infection or scarring, it is ESSENTIAL that you follow post-treatment instructions provided by our office.
- **Cold sore flare-ups (applies to lip and mouth area treatments):** Individuals with a history of recurrent cold sores (herpes simplex) may experience flare-ups from the heat generated. The heat generated can trigger dormant herpes viruses, leading to outbreaks in affected areas. If you have a history of recurrent cold sores, please discuss this with your doctor. Oral prophylactic medicine may be recommended before the AdvaTx procedure.

My consent is informed and voluntary. I understand this is an elective procedure and that I may withdraw my consent at any time except for actions already taken. I also understand that all patients are different and exact results of this procedure and treatments cannot be predicted or guaranteed. By signing this form I agree with the statements above and give my consent to proceed with the AdvaTx skin resurfacing treatment.

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Patient Name (Please Print)

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Today's Date

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Patient Signature