

Above & Beyond DaySpa

Crystal Microdermabrasion Consent Form

Date: _____

Name: _____

This consent is designed to verify that you have been satisfactorily informed and educated in respect to your microdermabrasion treatment. This disclosure is not intended to alarm you; it is simply an effort to make you better informed so you may give or withhold your consent for treatment. Please read and initial where indicated. This consent form will be valid for all microdermabrasion treatments through December 31 of the year signed.

1.	I acknowledge having been informed that this procedure is intended to exfoliate the skin by spraying	
	organic aluminum crystals across the skin by means of a specialized machine.	Initial here:

- 2. I have not used Accutane (Isotretoin) for at least six months. Initial here: _____
- 3. I have not used Retin- A (Tretinoin), or products containing retinol or glycolic for the past 7 days, and agree not use them again for three days post treatment. **Initial here:**_____
- 4. I am not currently being treated for any type of cancer. Initial here:
- 5. I acknowledge that I must take a prescription preventative for three days prior to treatment if I am prone to cold sores/fever blisters. **Initial here:**_____
- 6. I acknowledge that microdermabrasion could lead to permanent hypopigmentation (lightening of skin), or hyperpigmentation (darkening of skin). Initial here: _____
- 7. I acknowledge that my skin may be pink to red following treatment and that my skin may feel as though I have mild sunburn. This may last from a few hours to 3 days. **Initial here:** _____
- 8. I acknowledge that skin dryness may occur and last up to three days post treatment. Initial here: _____
- 9. I agree to follow the post treatment procedures.
- 10. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. **Initial here:**_____

Client signature:	_ Date:
Witness signature:	Date:
Parent/Legal Guardian signature (if client is a minor):	Date: