



CONSENT TO MICRODERMABRASION TREATMENT

PATIENT: _____ DOB: _____

Microdermabrasion uses an adjustable applicator head that removes dead surface skin cells and initiates cellular turnover at the dermis and epidermis levels in a safe controlled manner. This approach respects the integrity of the skin and promotes even healing. Maintaining even cellular growth on the surface aids in the youthfulness of the skin's appearance. Microdermabrasion has been used to treat aging and sun-damaged skin, some types of acne and acne scarring, altered pigmentation, fine lines and wrinkles, and stretch marks. Results may include improved skin tone, fewer breakouts, diminished appearance of scars, even skin color, refined skin pores, renewed elasticity, and a healthy glow.

The nature and purpose of the treatment has been explained to me and any questions I have regarding this procedure have been explained to my satisfaction.

I know that with any treatment certain risks are involved. There are possible complications or side effects from known or unknown causes that could occur. I freely assume these risks.

Possible side effects include but are not limited to: mild redness, extreme redness, bruising, local swelling, stinging, tenderness, dry skin, flaking, lightening or darkening of the skin, infections, pimples, bumpy appearance and cold sores. Most side effects are temporary and generally subside within 48 hours.

I have been advised to discontinue all AHA's Glycolics, Retin-A, Renova or any exfoliation products for 48 hours pre or post procedure. I understand that I must use hydrating and soothing antioxidants for healing and ice for swelling or inflammation reduction. I understand there should be no sun exposure for 72 hours. I will use a broad spectrum sunscreen at all times for the duration of my treatment(s).

I have been advised to avoid collagen injections for up to 10-14 days prior to any Microdermabrasion treatment and seven days after.

I agree to adhere to all safety precautions and the home skin care regimen suggested by my practitioner.

I am over 18 years of age or have a parental consent signed below.

I will call in inform my practitioner of any complications or concerns I may have as soon as they occur

By signing below, I acknowledge that I have read this EFC Medspa Microdermabrasion Consent Form. I have fully disclosed all necessary information when filling out initial paperwork and will inform my skin care therapist or physician of any changes. I understand and will follow all pre/post treatment recommendations, including, but not limited to use of skin care products as home care to enhance results and minimize side effects, such as daily application and reapplication as needed of a broad spectrum SPF 30+. I have been adequately informed of the risks and benefits and would like to proceed with the EFC Medspa microdermabrasion treatment. I acknowledge that EFC Medspa, its owner, and/or its employees cannot be held liable for any reaction from a peel treatment performed at the medspa.

Patient Name

Patient Signature

Date