hydrafacial



Cont	inued		5120 Charlestown Road, New Albany Indian +1(812) 246-5600 www.MichelesSalonAndSa
Treatmer	nt Consent	Client Consent form	
Data	Client		
Date	Initials	HydraFacial is the only hydradermabrasion procedure th	at combines cleansing exfoliation
		HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration, and antioxidant protection simultaneously resulting in clearer, more	
		beautiful skin with little to no downtime.	
		beautiful skill with little to no downtline.	
		The treatment is soothing, moisturizing, non-invasive an	d generally non-irritating. As with mo
		procedures, visible results from HydraFacial will vary from person to person.	
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		What to expect:	
		• Your skin may experience temporary irritation, tightness, or redness. These are all normal	
		reactions that typically resolve within 72 hours depending	-
		• You may experience tingling and stinging in the treatment area. These sensations generally	
		subside within a few hours.	
		 Client experiences may vary. Some clients may experie 	
		• You will likely see results immediately after treatment and your skin may feel smooth and	
		 hydrated for one to four weeks with appropriate home care to maintain treatment results. The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use 	
			Avoid excessive sun exposure and use
		minimum of SPF 40 sunscreen.	
		Do you have any of the following? *	
		Active acne or infection	□Yes □N
		An active infection in the treatment area	
		Active sunburn	
		 Skin conditions such as eczema, dermatitis, or rashe 	
		An autoimmune disease such as lupus	
		A viral concern such as HIV or hepatitis	
		Anticoagulants Therapy	
		Melanoma or lesions suspected of malignancy	
		Pregnancy or lactation	
		Neurological disorders such as epilepsy (LED Lights)	
		Infection in the urinary system	
		Crohn's Disease (Lymphatic drainage)	
		Hyperthyroidism (Lymphatic drainage)	
		Deep Venous Thrombosis (Lymphatic drainage)	
		Lymphedema (Lymphatic drainage)	🗆 🗠 🗆 🗠 🗆 🗠
		Saying yes does not preclude you from receiving treatme	ents.
		Have you recently?	
		Have you recently?	
		Used Accutane, topical medications, or antibiotics	
		Had aesthetic fillers, injectables or laser treatments	
		Lacknowledge the following:	
		 I will avoid the use of aggressive exfoliation, was 	aving and products containing glycoli
		•••	
		acids or retinols that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre- and post-treatment.	
		 The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the HydraFacial treatment by the staff at Blissful Beauty Bar. By signing below, I acknowledge that I have read the above information and give my 	
		consent to be treated with the HydraFacial System.	
		 This consent form is valid for all future Hydra Facial treatments. I will alert the staff If 	
		there are any future changes to my medical history.	
			-
		Client Signature:	Date:
		Clinician Signature:	