



MICRODERMABRASION CONSENT FORM

Before receiving treatment, I have been candid in communicating any conditions that may have bearing to this procedure, such as: recent facial surgery, tendency to cold sores/ fever blisters, or use of topical or prescriptive medication: Retin-A, Accutane, Differin, EpiDuo, Ziana, Avage, or Tazorac , if so consult with physician prior to treatment.

I understand that this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that there are no guarantees as to the results of the treatment due to many variables. Microdermabrasion is not an exact science, and multiple treatments may be required to get maximum results.

I understand that there may be some degree of discomfort especially when choosing a higher exfoliant level.

I understand that following the treatment I may or may not experience redness and or a "windburn" sensation.

I understand direct sun exposure/ tanning beds are prohibited while undergoing treatment and that the use of broad spectrum sunscreen SPF 25 is mandatory.

I have read over the pre and post microdermabrasion instructions and am prepared to follow the post instructions. I guarantee that none of the contraindications of this treatment apply to me.

The microdermabrasion treatment has been satisfactorily explained to me and I have all the information I desire

If someone is under the age of 18 years parental consent is required.

I hereby agree to all of the above and to have this treatment preformed on me.

Signature / Parental Guardian

Date

Signature of Clinician

Date