



Patient: \_\_\_\_\_ Date: \_\_\_\_\_

This consent form is designed to verify that you have been satisfactorily informed and educated in respect to your microdermabrasion skin care treatment, as well as its aftercare, so that you may make an educated decision as to whether to have this procedure performed. This disclosure is not meant to alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

1. \_\_\_\_\_ Initial: I acknowledge having been informed that this cosmetic procedure is intended to remove superficial surface of the skin to improve the vitality of the skin.
2. \_\_\_\_\_ Initial: I understand that my skin care professional can discover other or different conditions that may require additional or different procedures than those planned. If my skin care professional discovers such other or different conditions; I will be referred to an appropriate medical care provider.
3. \_\_\_\_\_ Initial: It has been explained to me that because microdermabrasion procedures are a superficial abrasion to the skin, the result of a one-time treatment is similar to a deep cleansing or polishing of the skin. I understand that in order to see significant results these treatments need to be done in a series and in combination with active ingredient skin care products.
4. \_\_\_\_\_ Initial: I acknowledge that while the goal of such a procedure is the removal of damaged skin, the realistic results average at least fifty percent improvement. I acknowledge that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients' skin may show improvement, while others may not show marked improvement.
5. \_\_\_\_\_ Initial: I acknowledge that after my microdermabrasion procedure, all treated areas may feel warm and appear sunburned or my skin may experience a wind-burned sensation.
6. \_\_\_\_\_ Initial: I understand that my compliance to my aftercare instructions will greatly affect my final result. I acknowledge my obligation to follow the written and spoken instructions covering my pre and post-treatment skin care regimen.
7. \_\_\_\_\_ Initial: I understand that multiple treatments may be required.
8. \_\_\_\_\_ Initial: I understand that although rare, certain risks or complications could occur but are usually treatable and temporary, such as hyper-pigmentation, hypo-pigmentation and scarring. Following all post procedure instructions will help avoid conditions.
9. \_\_\_\_\_ Initial: I acknowledge that if I am prone to Herpes (cold sores, fever blisters) that I may need a prescription for Valtrex (acyclovir) from my provider prior to having microdermabrasion. I need to avoid treatments during a breakout.
10. \_\_\_\_\_ Initial: I acknowledge that I have not used Accutane during the last six months.
11. \_\_\_\_\_ Initial: I acknowledge that I should avoid the use of glycolic and Retin-A type products the day before, the day of and 1-3 days following treatment.

**\*\*Please continue on back page\*\***



- 12. \_\_\_\_\_ Initial: Acne Patients, it has been explained to me that I may experience a slight acne flare-up and that my acne condition may temporarily look worse for a few days after a microdermabrasion treatment.
- 13. \_\_\_\_\_ Initial: I acknowledge that I have been instructed to avoid sun exposure and must wear a sun block of at least SPF 25 over the treated areas on a daily basis during my treatment series.
- 14. \_\_\_\_\_ Initial: I understand that if I have any additional questions or concerns that I should call the office immediately.

I have read and initialed each paragraph and have been satisfactorily informed of the benefits, risks and complications regarding microdermabrasion. I consent to this microdermabrasion treatment today and for all subsequent microdermabrasion treatments.

---

Patient (or Parent/ legal Guardian If patient is a minor) Signature Date

---

Print Name