

Consent to Receive Microdermabrasion

Purpose & Background

Microdermabrasion is a gentle, non-invasive procedure that deeply exfoliates and refines the skin surface, thus improving skin texture and appearance. Microdermabrasion also treats early signs of aging, including fine lines and enlarged pores. In addition, this procedure often stimulates the production of collagen. All medical and cosmetic procedures carry risks and may cause complications.



The purpose of this consent form is to make you aware of the nature of the procedure and its risks so that you may decide if you would like to move forward with the treatment.

Procedure

Microdermabrasion is administered by a Licensed Clinical Esthetician. Treatment begins with a skin-specific cleanser removing impurities from the facial skin. Superficial layers of the skin are then exfoliated through suction and/or a vacuum technique that is applied while medical-grade aluminum oxide crystals abrade the skin of the forehead, cheeks, chin and nose. Crystals are then removed using gauze and a warm towel. Microdermabrasion is completed with the application of skin-specific treatment products and sunscreen.

Risks/Discomfort

Prior to receiving treatment, I have informed the Licensed Clinical Esthetician about any conditions I may have bearing on this procedure, including recent facial surgery, allergies, tendency to develop cold sores or fever blisters, use of Retin-A (Tretinoin), Accutane, Differin or any hormones. Although every safety precaution is taken, common treatment-related reaction(s) may occur, including some discomfort (i.e. stinging, pin-prickling sensation, warmth and/or tightness). Reaction(s) generally lessen or disappear within a few hours following the procedure, but may last longer.

Contraindications

Microdermabrasion should not be used with patients who have any of the following:

- Lesions, herpes/active cold sore(s), shingles, eczema dermatitis, rosacea, broken capillaries, and/or vitiligo
- Malignant cutaneous tumor(s)
- Evolving dermatitis
- Certain keratoses

Pre/Post-treatment Considerations

Avoid the following prior:

- Microneedling or chemical peel of any kind within seven days
- Any injectables (i.e. Botox, Juvederm and/or Radiesse) within 24 hours
- Waxing services for the treated area within seven days

Avoid the following after:

- Direct exposure to UVA/UVB lamps (i.e. tanning booths) and sun exposure for 14 days
- Extended heat exposure is prohibited for 14 days

- Laser treatments BroadBand Light (BBL™) and/or Intense Pulse Light (IPL) within 21 days
- Microdermabrasion or chemical peel of any kind within seven days

(Continued on back)

Exposure to any of the above may cause complications. In the event of any complications, immediately contact the Licensed Clinical Esthetician who performed treatment and/or the Staff Physician. Patient use of sun protection with a minimum SPF 30 is mandatory following treatment.

Most patients are pleased with the results of microdermabrasion, however, like other cosmetic procedures, satisfaction is not guaranteed. There also is no guarantee as to the results of this procedure and no medical claims are expressed or implied due to the many variables, including but not limited to: age, skin condition, environmental damage, climate and patient medical history, or that additional treatment will not be required to achieve the final result as each case is individual. For maximum results, several treatments may be necessary.

Other Considerations/Alternatives

Microdermabrasion is an elective cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration exist, including facial creams, chemical peels, and laser skin surface treatments, and may be discussed with a Licensed Clinical Esthetician.

Consent

By signing this document, you hereby grant authority to your Licensed Clinical Esthetician to perform microdermabrasion. The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained and outlined to patient satisfaction.

I have read this consent and certify that I understand its contents in full. I have had enough time to consider the information from my Licensed Clinical Esthetician and feel that I am sufficiently advised to consent to this procedure. I hereby agree to all of the above and agree to have microdermabrasion performed. I further agree to follow all pre/post-treatment care instructions as directed, and I have adhered to all protocols prior to treatment today. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with a Licensed Clinical Esthetician.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING.

Patient Name (please print): _____ **Date of Birth:** _____

Patient Signature: _____ **Date:** _____

Email Address (if you would like to be notified of specials, promotions, and events) _____

Witness Name (please print): _____

Witness Signature: _____ **Date:** _____