



Microdermabrasion Consent Form

You have a right to be informed about your condition and its treatment, along with the risks and hazards, so that you can make the decision whether or not to undergo the procedure. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

- I voluntarily request that _____ (and such associates, technical assistants and other skincare professional she or he may deem necessary) to perform the Microdermabrasion procedure. I acknowledge having been informed that this cosmetic procedure is intended to remove the surface layer of the skin to improve vitality of the skin.
- I understand that if my skincare professional discovers other and/or different conditions that may require additional and/or different procedures than those planned, I will be referred to the appropriate medical care provider.
- I acknowledge that while the goal of such a procedure is the removal of damaged skin, the realistic results average 50-75% 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. The results will vary depending upon skin type and condition.
- I also realize that the following risks and hazards may occur in connection with the particular procedure; worsening or unsatisfactory appearance, creation of additional problems such as: discomfort, redness, poor healing, skin loss, skin peeling, flaking, infection, loss of blood, nerve damage, painful unattractive scarring, recurrence of original condition.
- I have been advised that I must use sunscreen with an SPF of 25 or greater at all times throughout the duration of treatment.
- I have been advised of alternative methods available for my treatment, which includes acid peels and laser skin resurfacing.

- I acknowledge my obligation to follow the written and spoken instructions covering my pre and post treatment skincare regimen.
- I understand that multiple treatments may be required. The cost of these was disclosed prior to my first treatment.
- I have received a thorough explanation of my pre-exfoliation and post-exfoliation instructions. I understand these instructions, and have received copies for reference. I understand that should I have additional questions, I should not hesitate to call.
- I authorize the use of any photographs taken for teaching or other viewing purposes.
- I do not have any kind of allergy to the Aluminum Oxide crystals.
- I certify that I have complied with the following requirements: **Initials** _____
 1. I am not HIV positive or have AIDS
 2. I have not used any chemical peeling agents except as specified by this clinic in the last 60 days
 3. I have no used accutane or any other dermatological drugs in the last 60 days.
 4. I do not have herpes simplex
 5. I am not currently taking antibiotics.

I acknowledge that I have read the above consent and I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the Microdermabrasion procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Client's Name (Please Print): _____

Client's Signature: _____

Guardian's Signature: _____

Staff's Name: _____

Staff's Signature: _____

Date: _____



Microdermabrasion/chemical peels

Pre-Care instructions

- ◇ DO NOT USE ANY RETIN-A OR OTHER EXFOLIATING CREAMS 72 HOURS PRIOR TO YOUR TREATMENT.
- ◇ DO NOT USE ACCUTANE (ACNE MEDICATION) FOR AT LEAST 6 MONTHS PRIOR TO YOUR FIRST TREATMENT
- ◇ AVOID SUN TANNING OR TANNING CREAMS/SPRAYS FOR AT LEAST A WEEK BEFORE TREATMENT.
- ◇ MICRODERMABRASION MAY INITIATE COLD SORES, YOU SHOULD TAKE YOUR PRESCRIBED ANTIVIRAL MEDICATION PRIOR TO TREATMENT. THIS PROPHYLACTIC ANTIVIRAL THERAPY SHOULD BE STARTED THE DAY BEFORE TREATMENT AND CONTINUED ONE WEEK AFTER TREATMENT.
- ◇ FOR IDEAL RESULTS, IT IS IMPORTANT TO HYDRATE YOUR SKIN AND YOUR BODY BY USING A MOISTURIZER DAILY AND DRINKING PLENTY OF FLUIDS .
- ◇ DO NOT USE ANY WAXING OR HAIR REMOVAL CREAMS TWO WEEKS BEFORE TREATMENT.

Free radical avoidance

- ◇ CIGARETTE SMOKING OR CHRONIC SUN EXPOSURE GENERATES FREE RADICALS WHICH DESTROY THE TEXTURE OF THE SKIN. A SINGLE PUFF OF CIGARETTE SMOKE CONTAINS UP TO 40,000 FREE RADICALS WHICH CAN PENETRATE THROUGH THE MUCOUS MEMBRANE OF THE NOSE AND MOUTH AND ENTER THE SUBCUTANEOUS TISSUE TO DESTROY THE SUPPORTIVE COLLAGEN AND ELASTIC FIBERS.
- ◇ UV RAYS ARE ALSO A CULPRIT FOR FREE RADICAL DAMAGE. PREPARING THE SKIN FOR THE PEEL REQUIRES YOU TO AVOID AS MUCH DIRECT EXPOSURE TO THE SUN AS POSSIBLE ONE WEEK BEFORE TREATMENT.
- ◇ TO ACHIEVE THE BEST RESULTS, PATIENTS ARE STRONGLY ENCOURAGED TO AVOID SMOKING FOR AT LEAST TWO WEEKS BEFORE TREATMENT AND TO AVOID DIRECT SUN EXPOSURE.

Microdermabrasion/chemical peels



Post-Care Instructions

- ◇ THE NEW SKIN NEEDS TO BE CLEANSED WITH A GENTLE CLEANSER AND MOISTURIZED TWICE DAILY.
- ◇ TRAUMA SUCH AS SCRATCHING OR PICKING THE TREATED AREA SHOULD BE AVOIDED.
- ◇ WAXING, TWEEZING, ELECTROLYSIS, LASER TREATMENTS, INJECTIONS, AND FACIALS SHOULD BE AVOIDED FOR A MINIMUM OF SEVEN DAYS AFTER TREATMENT.
- ◇ AVOID ANY RETINOID PRODUCTS FOR AT LEAST 3 DAYS AFTER THE PROCEDURE
- ◇ ENSURE PROPER HYDRATION BY USING A MOISTURIZER DAILY AND DRINKING PLENTY OF FLUIDS.
- ◇ AS THE TREATED SKIN IS MORE VULNERABLE TO PHOTO DAMAGE, DIRECT EXPOSURE TO THE SUN SHOULD BE AVOIDED FOR AT LEAST 7 DAYS. A REHYDRATING TONER, MOISTURIZER AND SUNSCREEN NEED TO BE APPLIED TO THE SKIN EVERY TIME THERE IS DIRECT EXPOSURE TO THE SUN FOR A PERIOD OF 1 MONTH AFTER EACH TREATMENT.
- ◇ REFRAIN FROM APPLYING MAKE-UP FOR 3 DAYS TO AVOID A POSSIBLE CHEMICAL BURN.

What to Expect After Treatment

- ◇ THE SKIN MAY FEEL TIGHT FOR 24 TO 48 HOURS AFTER EACH MICRODERMABRASION TREATMENT. SOME PATIENTS MAY EXPERIENCE SLIGHT TO MODERATE SKIN PEELING. PATIENTS WHO HAVE SENSITIVE SKIN MAY APPEAR THIS WAY FOR A FEW DAYS.
- ◇ DEEPER TREATMENT FOR SHALLOW SCARS OR MODERATE TO HEAVY SUN DAMAGED SKIN MAY APPEAR SLIGHTLY RED AND SWOLLEN FOR A FEW HOURS.
- ◇ A TREATMENT MAY SOMETIMES LEAVE “STRIPES” OR “RED LINES” THAT RESEMBLE FINE SCRATCHES. THIS SYMPTOM IS TEMPORARY AND MAY RELATE TO SKIN SENSITIVITY.
- ◇ THE FOLLOWING IS A PARTIAL LIST OF POTENTIALLY “UNFRIENDLY” INGREDIENTS, WHICH MUST BE AVOIDED FOR AT LEAST 72 HOURS FOLLOWING MICRODERMABRASION:
 - ◆ ARTIFICIAL COLOR
 - ◆ ARTIFICIAL FRAGRANCE
 - ◆ SD ALCOHOL
 - ◆ LANOLIN
 - ◆ PROPYLENE GLYCOL
 - ◆ WHITE PERTOLATUM
 - ◆ OCTYL METHOXY CINNAMATE OR OTHER CHEMICAL SUNSCREENS
 - ◆ ANY RETINOL PRODUCTS (RETIN A, RENOVA)
 - ◆ ALPHA HYDROXY ACIDS (INCLUDING GLYCOLIC ACID)
 - ◆ BETA HYDROXY ACIDS
 - ◆ HYDROQUINONE
 - ◆ BENZOYL PEROXIDE
 - ◆ ENZYME PEELS OR MASQUES
 - ◆ ANY SCRUBS OR EXFOLIATING AGENTS



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- ◇ ADDITIONALLY, THE FOLLOWING PROCEDURES SHOULD NOT BE PERFORMED FOR A MINIMUM OF 7 DAYS BEFORE OR AFTER MICRODERMABRASION:
 - ◆ WAXING
 - ◆ ELECTROLYSIS
 - ◆ INJECTIONS (BOTOX, COLLAGEN, FAT, ETC)
 - ◆ FACIAL STEAMING
 - ◆ ELECTRIC FACIALS (HIGH FREQUENCY, GALVANIC CURRENTS)

 - ◇ IF YOU ARE RECEIVING A SERIES OF TREATMENTS, DO NOT RESUME ANY OF THESE PRODUCTS UNTIL AFTER YOU HAVE COMPLETED YOUR LAST MICRODERMABRASION TREATMENT.