



MICRODERMABRASION

1. I hereby request and authorize _____ and its Skincare Specialists to treat me for the purpose of attempting to improve my appearance.
2. The effect and nature to be given has been explained to me. I acknowledge that the goal of the treatments is to induce improvements in my skin, but individual results will vary.
3. I acknowledge that no guarantee has been given to me as to the number of months/years that my results will last.
4. I acknowledge that no guarantee has been given to me as to the amount of improvement expected following treatment.
5. I acknowledge that no guarantee has been given to me as to the painlessness of the procedure.
6. I have been advised to see my physician regarding a preventative ant-viral prescription if I am prone to Hepatitis outbreaks (cold sores/fever blisters). I understand that acid treatments and/or microdermabrasion may cause a flare-up of the Herpes Simplex virus.
7. I have been advised to avoid or discontinue the following treatments for five (5) days prior to my treatment.

BOTOX® injections
Collagen Injections
Retin-A, Renova, and all retinol products
Glycolic acid products
All alpha and beta hydroxy acid products

8. I have been advised that a period of at least three (3) days must elapse before I can resume the use of the following products.

BOTOX® injections
Collagen Injections
Retin-A, Renova, and all retinol products
Glycolic acid products
All alpha and beta hydroxy acid products

9. I acknowledge that I have not taken Accutane in the past 12 months. I further agree to not take Accutane during my treatment program and for six (6) months after ending my treatments.
10. I understand that I must apply a hypo-allergenic, hydrating, ant-oxidant topical preparation to encourage epidermal regeneration, for at least seven (7) days post procedure.
11. I have been advised that a broad spectrum sunscreen must be used from the first day of my treatment and continued daily thereafter.
I agree to apply a broad spectrum sunscreen daily: _____ (Initial)
12. The following conditions (including, but not limited to those) listed below are not treatable with microdermabrasion and/or acid peeling solutions: impetigo, inflamed eczema, herpes simplex, severely distended capillaries, dermatitis, questionable lesions, and sunburn.
13. Possible side-effects to treatment are: local swelling, stinging, tenderness, flaking, peeling, lightening or darkening of the skin and/or mild to moderate redness. It is possible that one or more of these side effects any last for two (2) to seven (7) days post procedure. However, most subside within 24 hours.
14. I certify that all information provided is true and accurate. I agree to follow the protocol outlined above. I agree to hold harmless _____ and it's esthician for any adverse reactions due to omitted information and or misinformation on the Health questionnaire and/or from actions which deviate from pre and post care procedures.

Having been adequately informed, the client will not be entitled to a refund.

Client Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____