

Microdermabrasion Consent Form

Microdermabrasion projects a flow of inert crystals over the skin, and abrades away epidermal tissue in the areas treated. It is done so precisely that normal surrounding tissue is hardly affected. Microdermabrasion is often used to treat acne, reduce the appearance of scars, wrinkles, hyper pigmentation and other skin conditions.

After a treatment, the skin may temporarily be red and feel tight and warm as if exposed to the sun or wind. Slight redness and swelling may appear with deeper treatment levels, in addition to slight blood spotting. Healing may take several days or longer.

Your fresh newly exposed skin will be delicate. It is important to use a mild cleanser and keep the skin well moisturized. Use a full spectrum sun block daily. Avoid the use of Retin-A or Renova for at least 7-10 days after. Avoid alpha or beta hydroxyl acid type products and all scrubs for at least 48 hours after or until initial sensitivity subsided. Avoid swimming and tanning beds for at least one week after. Any time the skin barrier is broken there is a small risk of bacterial or viral infection.

Please initial the first line in each of the following:

- | Client | Therapist | |
|--------|-----------|---|
| _____ | _____ | I acknowledge that I have not used Accutane during the last 6 months. |
| _____ | _____ | I acknowledge that IF I am prone to Herpes (cold sores, fever blisters) I have consulted my physician and I am taking an antiviral to reduce the chance of a breakout. I should avoid treatments during a breakout. |
| _____ | _____ | I acknowledge I must reveal any condition that may have a bearing on this procedure, such as Pregnancy, allergies, facial waxing, medication use, diabetes or immunodeficiency, prior to receiving treatment. |
| _____ | _____ | I acknowledge that I should avoid use of glycolic acid or Retin-A type products for 7-10 days following the treatment. |
| _____ | _____ | I acknowledge that no guarantee has been given to me regarding the condition of my skin or the percentage of improvement expected following treatment. I understand that no specific results are guaranteed. |
| _____ | _____ | I understand that I must wear a sun block with an SPF of at least 20 at all times while outdoors to avoid hyperpigmentation that may occur. |

My signature below constitutes acknowledgement that I have read and understand the foregoing consent form and agree to the treatment. I hereby give consent to _____ to perform a microdermabrasion treatment. I hold harmless _____, its employees, student and affiliates of any and all circumstances that may occur during my treatment. By signing below I acknowledge the information provided is true and correct to the best of my knowledge of this Microdermabrasion Consent Form.

Client Signature _____

Date _____

Student Signature _____

Date _____

CLIENT INTAKE UPDATE

<i>DATE</i>	<i>CLIENT SIGNATURE</i>		<i>THERAPIST</i>