

## Informed Consent for Microdermabrasion

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

This consent form is designed to verify that you have been satisfactorily informed and educated with 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. Please read and initial each paragraph.

I understand that microdermabrasion is a superficial mechanical abrasion to the skin.

Client Initials \_\_\_\_\_

I understand that the mechanical abrasion is accomplished by using a crystal microdermabrasion machine that delivers a vacuum and uses a crystal tip that exfoliates the skin.

Client Initials \_\_\_\_\_

I understand that one of the primary purposes of this procedure is to prepare the skin to accept and increase the absorption properties of active ingredient rejuvenation products and or chemicals.

Client Initials \_\_\_\_\_

It has been explained to me that because microdermabrasion procedures provide a superficial abrasion to the skin, the results 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.

Client Initials \_\_\_\_\_

I acknowledge that immediately after my microdermabrasion procedure all treated areas may feel warm and appear sunburned and could feel wind burned. My skin may feel dry and sensitive for several days after the treatment.

Client Initials \_\_\_\_\_

I understand that compliance with my after-care instructions will greatly affect my final result.

Client Initials \_\_\_\_\_

**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.

Client Initials \_\_\_\_\_

**Patients that are undergoing a series of treatments:** I acknowledge that complete compliance to my skin care program will enhance the outcome of my microdermabrasion treatments. This includes the use of SPF 30 sun protection over the treated areas on a daily basis during my treatment series.

Client Initials \_\_\_\_\_

I understand that there can be no guarantee as to how effective the outcome of my treatment(s) will be. There also can be no **guarantee** that dark discoloration (e.g. hyperpigmentation or melasma), stretch

marks, or fine lines and wrinkles will be reduced or fade. It has been explained to me, and I understand, that these conditions will respond much better when part of an overall skincare program.

Client Initials \_\_\_\_\_

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

**Patient Signature:**

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

