



## INFORMED CONSENT FOR MICRODERMABRASION

- \_\_\_\_\_ I acknowledge that I have not used Accutane during the last six months.
- \_\_\_\_\_ I acknowledge that if I am prone to Herpes (cold sore, fever blisters) that I may need a prescription for Zovirax (acyclovir) from my physician prior to having microdermabrasion. I will need to avoid exfoliating treatments during a breakout.
- \_\_\_\_\_ I acknowledge that I must reveal any condition that may have a bearing on this procedure, such as pregnancy, allergies, facial waxing, medication use, diabetes, immune deficiencies prior to receiving treatment.
- \_\_\_\_\_ I acknowledge that there is no guarantee that dark discoloration of the skin (pigmentation, melasma) will be reduced or faded. Pigmentation may improve with successive treatments and proper skin care regimen.
- \_\_\_\_\_ I acknowledge that my skin might experience temporary tightness, redness, or slight swelling which usually dissipates within 24 hours depending on skin sensitivity.
- \_\_\_\_\_ I acknowledge that if I fail to use adequate sunscreen (SPF 15), I am more susceptible to sunburn and skin damage.
- \_\_\_\_\_ I acknowledge this treatment is strictly an elective cosmetic procedure and that no medical claims are expressed or implied.
- \_\_\_\_\_ I acknowledge that I should avoid use of Glycolic Acid or Retin A type products for 2 or more weeks (depending on the product source and strength) following microdermabrasion. I hereby agree to have micro-dermabrasion performed. I agree to follow all pre and post-treatment instructions.

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Client Signature

Date