



SKIN CLASSIC CONSENT

I, _____ authorize *Wicked Med Spa LLC Licensed Aesthetician and SKIN CLASSIC Certified Technician*, to perform a SKIN CLASSIC treatment for the sole purpose of beautification of the skin.

I acknowledge that the treatment goal is for esthetic improvement, and the number of treatments will vary between individuals as well as areas being treated.

I acknowledge that no guarantee has been made about the results of the procedure. Although it's impossible to list every potential risk and complication; I have been informed of the possible risks and complications which may include, but are not limited to, the following: *Infection, Hyperpigmentation, Redness, Edema and Bruising*.

I have been informed that purchasing a "Post Treatment Skin Care Kit" is recommended and will provide aftercare for one month, and consists of *Delicate Cleanser, Collagen Stem Cell Complex, Post Treatment Balm and Zinclair spf 30*.

I agree to inform Wicked Med Spa when I introduce new medication(s) and or product(s) during the course of the treatment. I attest that I have had the opportunity to ask questions and have had questions answered to my satisfaction.

I have been informed that the downtime for this procedure is approximately 7-10 days of crusting in areas that were treated. Once crusting sluff off, pink undertones will be revealed as skin continues to heal.

I am NOT pregnant or breastfeeding,

I will protect my skin from direct sun exposure post treatment,

I will moisturize and use a broad spectrum sunscreen everyday and reapply when necessary,

I will avoid hot baths/showers, sweating and strenuous exercise for one week post procedure,

I will avoid rubbing, picking & scrubbing post procedure area, for it could lead to scarring,

I will NOT use retinoids or other exfoliating agents until my skin is healed.

I have read and will follow to the best of my ability any and all instructions. I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Client's signature _____ Date _____

Wicked Med Spa signature _____ Date _____