



INFORMED CONSENT: MICRODERMABRASION

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

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

_____ It has been explained to me that because microdermabrasion procedures are a superficial abrasion to the skin, the result 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.

_____ I acknowledge that after my microdermabrasion procedure, all treated areas may feel warm and appear sunburned. My skin may also feel as if it is windburned. By day 2, my skin may feel dry and sensitive.

_____ I understand that compliance to my after-care instructions will greatly affect my final results. This includes the use of protective moisturizer & SPF 30 over the treated areas on following treatment.

_____ Acne clients: 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 microdermabrasion treatment.

_____ Clients undergoing a series of treatments: I acknowledge that complete compliance to my skin care program will enhance the outcome of my microdermabrasion treatments. I certify that I am not, and have not used **Accutane** for the last 6 months. I also have not used **Retin A** or similar topical products for at least 72 hrs. I understand I must use a protective moisturizer & SPF 30 over the treated areas on a daily basis during my treatment series.

_____ I understand that there can be no guarantee as to how effective the outcome of my treatment(s) will be. It has been explained to me, and I understand that these conditions will respond much better when they are part of an overall skincare program. Should a problems arise, I will call immediately and I understand that this consent remains in effect for the duration of my treatments.

Client Name (Printed): _____

Signature: _____ Date: _____

Aesthetician Signature: _____ Date: _____