



MICRODERMABRASION CONSENT FORM

CLIENT NAME: _____ DATE: _____

Prior to this treatment I have been candid in revealing any condition that may have a bearing on this procedure, such as pregnancy, recent facial peels, surgery, allergies, tendencies to cold sores, fever blisters and use of Accutane 4 weeks prior. Retinols and AHA's have not been used 3 days prior to this treatment and will not be used within 3 days after treatment. Use of depilatories, waxing, electrolysis, collagen injections stopped during the treatments and I will wait at least seven days after conclusion.

I understand that no specific results are guaranteed with this procedure.

I understand that to achieve **significant results**, it will take series of treatments in combination with the use of daily professional products. (Product recommendation will be provided.)

I understand that pinkish and redness to the skin is very common and may last several hours and could persist for a few days. I understand that irritation may exist and I understand I should notify my skin care professional if irritation persists.

I will follow the home care program specifically designed for me.

Avoid any type of UVA/UVB exposure for at least 48 hours following this procedure. Your fresh newly skin will be delicate and protect your skin from the sun by using a sunscreen with a protective factor of SPF 30 or higher on a daily basis. Keep the skin well moisturized.

Acne Clients: I understand 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.

I agree to all of the above to have this treatment performed on me today and for all subsequent treatments. I do not hold my skin care professional, who signature appears below, responsible for any of my conditions that are present, but not disclosed at the time of this skin care procedure. I will notify my skin care professional of any changes to my medical history or change in my skin care products. I will follow all prescribed directions post treatment.

Client Signature _____ Date _____

Esthetician Signature _____ Date _____

** This form should be signed and dated by the Esthetician providing treatment.