

Microdermabrasion and Chemical Peel Consent Form

I, _____, consent to the treatment known as a microdermabrasion and/or chemical peel. The treatment has been explained to me, and I have had the opportunity to ask questions.

Prior to this treatment, I have been candid in revealing any condition that may have a bearing on this procedure such as tendencies including, but not limited to, chronic medical conditions, medications, cold sores, pregnancy or breast feeding, allergies, photosensitivity, recent facial peels, surgery, use of retinols, Accutane, or hormones.

I acknowledge that I have not had any Botox, Restalyne, or any other fillers in the past seven (7) days prior to each treatment.

The procedure will cause stinging, itching, and discomfort usually lasting a short period of time. It may cause some reddening of my face, which will briefly be uncomfortable. Swelling may occur, but is rare. The skin may turn white, brown, red and peel. It may also leave the appearance of a sunburn for up to one or two weeks. Peeling may continue for one to two weeks.

I understand that there are potential risks and complications associated with any procedure. I acknowledge that there are no guarantees that have been made to me about the results of the treatment. Although it is impossible to list every potential risk and complication, I have been informed of some of the possible risks and complications of this treatment, which may include, but are not limited to the following:

Swelling, redness, peeling and/or scabbing of the treated skin and surrounding areas, breakouts, infection, cold sores, skin sensitivity to the wind and sun, and areas of increased or decreased pigmentation.

I understand that the results of the treatment vary with each individual, and in order to achieve maximum results, I may need several treatments.

I have received a copy of the pre and post instructions.

Patient's Signature

Witness

Date