

DERMASOUND INFORMED CONSENT

My signature below acknowledges that I have read the following and agree to receive the treatments or series of treatments listed below.

I hereby consent to, and authorize _____, to perform Ultrasonic skin exfoliation, anti-oxidant topicals, microamp therapy and other chemical peels.

Areas to be treated: _____

The nature and purpose of the treatment has been explained to me, and any questions I have regarding this procedure have been explained to my satisfaction.

- I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.
- Possible side effects include, but are not limited to: Mild redness, extreme redness, local swelling, stinging, tenderness, dry skin, flaking, lightening or darkening of the skin. Most side effects are temporary and generally subside within 72 hours.
- I have been advised to discontinue all Retin-A, Renova. I understand that I must use hydrating and soothing antioxidants for healing. Also, I understand and agree to use a broad-spectrum sunscreen every day of at least an SPF 15 at all times during treatment.
- I have been advised to avoid collagen injections for up to 10-14 days before any Ultrasound treatment and 7 days after and agree to these restrictions.
- I agree and adhere to all safety precautions and home skin care program as recommended by my aesthetician.
- I am over 18 years of age or I have parental consent co-signed below.
- I will call to inform my practitioner of any complications or concerns if they should occur.

Client Signature: _____ Date: _____

Parental Signature: _____ Witness: _____