



Microdermabrasion Informed Consent

Microdermabrasion gently exfoliates the upper layers of the skin while a vacuum system removes debris and stimulates lymph and blood flow. Microdermabrasion can be used to diminish the appearance of fine lines, rough and dull skin, hyperpigmentation, acne scars, to enhance the penetration of product, and to improve the skin's ability to retain water. Due to your unique skin composition, you acknowledge that there are no guarantees, warranties or assurances that you will be satisfied with your results. In our experience, multiple treatments are required in order to obtain optimal results. Microdermabrasion may be combined with other cosmetic facial procedures such as photorejuvenation and chemical peels to enhance the appearance.

Contraindications:

- Cold sore outbreak, wait until lesions have healed, consider an antiviral prescription
- Undiagnosed lesions, grades 3 & 4 acne, warts (especially flat warts), skin cancer of area to be treated, dermatitis, sunburn, and active shingles
- Pregnancy and nursing mothers
- Non recommended for anyone who has been diagnose with cancer, HIV/AIDS or any type of autoimmune disorder such as lupus.
- Active rosacea (microdermabrasion may be too stimulating)
- Brittle diabetes, auto-immune disorders, blood thinners, and vitiligo
- Accutane within the past year
- Topical retinoid products (Retin A, Differin, Tazorac) in the past month
- History of keloid scarring or pigmentation disorders
- Waxing of area within the past 3-7 days & use of a tanning bed 3 days before or after your microdermabrasion treatment
- The following treatments should not be performed for a minimum of 7 days before or after your microdermabrasion treatment: electrolysis, injections(Botox, collagen, fat,etc.) facial steaming, electric facials (high frequency, galvanic currents)
- Unprotected sun exposure within the past 72 hours
- Surgery over the area to be treated in the past six months
- Phenol or other deep peels within the past year

I am aware of the following risks associated with microdermabrasion:

- Rarely swelling & redness for 2 hours and up to 7 days
- Bruising, itching, irritation, or acne flare-up
- Herpes cold sore, clients with a history of cold sores may need to use an antiviral medication
- Microdermabrasion is very dehydrating, regular moisturizing is recommended
- Sensitivity to sun, daily SPF of 30 is needed to protect skin from harmful UV rays
- Pigment Changes (Skin Color). During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, it may be permanent.
- Scarring. Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions carefully.

Initial after reading this page _____



I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize a staff member Serenity, who has been trained to perform microdermabrasion, to perform one or more microdermabrasion treatments on me. Alternative means of treatment, such as no treatment, chemical peels, skin care products, and IPL have been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the Serenity staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions during the microdermabrasion treatment and to follow post-microdermabrasion treatment instructions.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release (individual) and (facility) and (doctor) from all liabilities associated with the above indicated procedure.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my microdermabrasion treatments in the future as well.

Signature of Patient or Guardian

Print Name/Relationship

Date

Signature of Witness

Print Name/Relationship

Date

Date of Service:									
Client Initial:									