INFORMED CONSENT FOR MICRODERMABRASION

PATIENT/CLIENT INFORMATION

Date_____ Home Phone_____
Name_____ Work Phone_____
Address_____ Cell Phone_____
City/St/Zip_____ Email_____

TREATMENT (Please initial by each statement)
____the treatment was explained to me in detail
____the benefits of what I can realistically expect to see from my microdermabrasion have been fully explained to me

SKIN CONDITION (Please select all that apply)
____Superficial wrinkles, fine lines
____Deep wrinkles, fine lines
____Acne or acne prone
____Deep hyperpigmentation (sun or brown spots)
____Severe photoaging
____Rosacea
____Dehydration
____Acne scars
____Unbalanced

PRECAUTIONS (Please read carefully)
The treatment you will receive is a clinical treatment designed to exfoliate or remove the outer layers of the skin.
Your participation in your skin care treatments will determine the outcome. It is important that you strictly adhere to your home care products that your esthetician has recommended.
No guarantee is expressed or implied as to the precise results, peeling times or discomfort.
During the treatment, you may experience some temporary stinging or warm flushing. This will fade within a few minutes. During the next few hours, you may experience some tightening of the skin, which may last for several days.

PLEASE INITIAL (Please read carefully)
____I am not pregnant
____I am not allergic to aspirin
____I do not have active cold sores
____I have not received radiation treatments
____I agree to avoid direct sun exposure for 2 weeks
____I agree to notify Esthetician of any concerns
____I agree to apply Image Daily Defense daily
____I agree not to wax for 7 days pre/post treatment
____I agree to follow up with scheduled appointment
____I agree not to use Retin-A products 5 days pre/post treatments
____I am under the supervision of a physician and have discussed the treatment plan with my physician.

CONSENT (Please sign)
I hereby give my consent and authorization voluntarily and release International Salon and Spa academy from any claims, implied or stated that I have or may have in the future with this treatment, regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand.

CLIENT SIGNATURE_____DATE_____

WITMESS_____DATE_____