Microdermabrasion Consent Form

What is Microdermabrasion:
Microdermabrasion uses an adjustable applicator head that delivers a steady effective stream of fine crystals directly onto the skin. It removes dead surface skin cells and initiates cellular turnover at the dermis and epidermis levels in a safe controlled manner. This approach respects the integrity of the skin and promotes even healing. Maintaining even cellular growth on the surface aids in the youthfulness of the skin's appearance.

What should you expect during the treatment:
Prior to your first microdermabrasion, as you esthetician, I will perform a thorough skin analysis. If microdermabrasion is not appropriate, you are informed during this session and an alternative treatment may be recommended instead. If microdermabrasion is for you, maximum results are obtained by participating in a series of treatments plus following a home care regimen.
As your esthetician, I take every precaution to ensure that your skin is well hydrated and calm prior to leaving each session, which may or may not be normal. Always check with me if you have any concerns after the treatment. More sensitive skin may experience some redness after the first couple sessions. This normally goes away after 2 to 3 hours. After your treatment, sunblock must be worn at all times and tanning beds should never be used.

Is satisfaction guaranteed:
The majority of my clients receive satisfactory to above average results with a series of treatments. Maximum results are highly dependent on your age, cumulative sun exposure, health, menopause, lifestyle, genetic traits, general skin condition, and your willingness to follow recommended protocols.
Be aware that many changes may occur deeper within the skin over time. I find that when participating in a series of treatments, along with a commitment to your daily skin care regimen, noticeable differences may indeed be the outcome.

Contraindications
Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for microdermabrasion treatment and must be disclosed prior to treatment:

- Active infection of any type, such as Herpes simplex virus or flat warts.
- Active acne
- Sunburn
- Recent use of topical agents such as glycolic acids, alphahydroxy acids and Retin-A
- Any recent chemical peel procedure
- Uncontrolled diabetes
- Skin cancer
- Vascular lesions
- Oral blood thinner medications
- Rosacea
- Tattoos (not effective)
- Pregnancy
- Use of Acutane within the last year
- Family history of hypertrophic scarring or keloid formation
- Telangiectasia/erythema may be worsened or brought out by skin exfoliation

PostTreatment- Aerobic exercise or vigorous physical activity should be avoided until all redness has subsided. Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure and tanning beds). If some sun exposure cannot be avoided, first apply sunscreen with an SPF of 30 or greater.

In the event that you may have additional questions or concerns regarding your treatment or home products/post-treatment care, please consult Christine Rinehart immediately.

Client Consent- Microdermabrasion

I, _____ , have read the above information in each section to indicate that I fully understand what to expect. If I have any questions or concerns, I will address these with my esthetician. I give permission to Christine Rinehart, to perform the microdermabrasion procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I understand she will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I have given an accurate account of any over-the-counter or prescription medications that I use regularly and I am not presently using isotretinoin (Accutane). I have not had any facial surgical procedures or other chemical peels or skin treatments that I have not disclosed to my esthetician. I am not presently pregnant or lactating and I over the age of eighteen (18). I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn, or broken skin. I have not recentlywaxed or used a depilatory (Such as Nair) on the area to be treated. I do not have a history of keloidal scarring, excessive telangiectasia, rosacea, bacterial skin infections, fungal infections, viral infections, open lesions or rashes, active acne, any auto immune disease, or any other existing condition that may interfere with the positive outcome of this treatment.

I consent to the taking of photograph to monitor treatment effects, as desired or recommended by my esthetician.

My expectations are realistic and I understand that the results are not guaranteed.

I agree that I am willing to follow recommendations by my esthetician for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my esthetician and I acknowledge that I have been informed of the possible negative reactions and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin). In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my esthetician immediately.

I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full discloser, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Client Name (Print)_____

Clients Name (Signature) _____Date _____

Parent or Guardian signature_____Date_____
(If under 18 years of age)

Esthetician _____Date _____