



Microdermabrasion Consent

The Microdermabrasion procedure has been thoroughly explained. I realize that no promises or guarantees have been made. I understand that the treatment may be repeated several times to achieve complete satisfaction. The microdermabrasion system propels natural mineral crystals onto the surface of my skin to reveal newer, healthier younger looking skin. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Microdermabrasion treatment(s).

I have discontinued the use of:

- Collagen injections, waxing, electrolysis, and depilatories during the treatment period and for seven days after their conclusion.
- Accutane four weeks prior to the treatments and during the treatment period.
- Retinol and AHA for three days prior to the treatment and will not use for three days after the treatment

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am a competent adult at least 18 years of age. I understand that if I am a minor under the age of 18, the consent of my parent or legal guardian will be required before treatment. This consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

I acknowledge that I am obligated to follow my practitioners aftercare instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form. I understand the procedure and accept the risks. I hereby release authorized technician, practitioner, or staff member performing treatment from all liabilities associated with the above indicated procedure.

I understand there is a payment required. (please inform your technician with any questions)

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, _____ HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Patient Signature

Parent/Guardian Signature (if patient under 18)

Date Date