

Microdermabrasion Consent Form

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. 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 understand the procedure will include:

1. My face will be cleaned with an antiseptic cleanser
2. My face will be polished with Aluminum Oxide crystals or Sodium Bicarbonate, which ever one your aesthetician deems fit
3. A masque may be applied

I have been told of the following risks:

1. I may experience discomfort, dry skin, peeling, redness, tingling and tenderness
2. There is some possibility of change of color in the pigment
3. There is some possibility of swelling
4. Not to tan for three days following treatment and to use SPF sunscreen of 30 or higher

I have discontinued the use of:

1. Injections, waxing, electrolysis, and depilatories during the treatment period and will continue for 7 days
2. Accutane 2 months prior to the treatments and during the treatment period
3. Retinol and AHA for 7 days prior to the treatment and will not use for 7 days after the treatment

I acknowledge that I am obligated to follow these instructions closely and call the Spa as needed. (901) 737-2840. 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.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____