

Skin Perfection

Microdermabrasion Consent Form

Name: _____ Birthdate: ____ / ____ / ____

Please Read and Initial

- ____ I understand that several treatments may be required to achieve the maximum results. The degree of improvement is dependent upon many different variables and cannot be guaranteed. I affirm that no guarantee has been made to me about the results of this procedure.
- ____ I have chosen to undergo this procedure after considering the alternative forms of treatment including non-treatment and other procedures. I understand that each alternative form of treatment has its own potential benefits, risks and complications.
- ____ I understand and freely accept the risks associated with microdermabrasion including but not limited to swelling, redness, scabbing, peeling of the treated skin or surrounding areas, infection, cold sores, prolonged skin sensitivity to wind and sun, areas of persistent increased or decreased pigmentation, tenderness and breakouts.
- ____ I understand that microdermabrasion complications could result in the need to repeat the procedure or require medical treatment or surgical procedures. I request and authorize qualified medical personnel to perform such treatments or procedures as required.
- ____ I understand that while complications are rare, permanent disability may occur. I freely and knowingly assume these risks and hold Skin Perfection harmless for any complications associated with this procedure.
- ____ I understand that if the client is under the age of 18, a parent or guardian will need to be remain at the facility during treatment.

I have read the above information and initialed each section to indicate that I fully understand the results and potential risks of microdermabrasion. I give permission to Skin Perfection to perform the microdermabrasion procedure and hold Skin Perfection, and/or staff members, owners and/or affiliates harmless from any liability that may result from this treatment. I have given an accurate account of my allergens, medical conditions, and will hold the aesthetician harmless for any conditions present but not disclosed which may be affected by the procedure I am about to receive. I have read and understand the post-treatment home-care instructions and am willing to follow the recommendations made by Skin Perfection to minimize or eliminate possible negative reactions. I understand that my aesthetician will take every precaution to minimize or eliminate negative reactions. In the event I have questions or concerns regarding my treatment or suggested post-treatment care, I will consult the aesthetician immediately. Should the aesthetician not be available, I agree to seek appropriate medical care from a licensed physician as required.

Client Signature: _____ Date _____
(Signature of Parent or Guardian if client is a minor)

Print Name: _____ Phone _____