**DERMA OASIS AESTHETICS**

Microdermabrasion Client Informed Consent Form

This consent form is designed to verify that you have been satisfactorily informed and educated in respect to your microdermabrasion skin care treatment, as well as its aftercare, so that you may make an educated decision as to whether to have this procedure performed. This disclosure is not meant to alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment. Please read and initial where indicated

1. I acknowledge that I have not used Accutane during the las six months. Initial here: ­­­­­\_\_\_\_\_\_
2. I acknowledge that I should avoid the use of glycolic and Retin-A type products the day before, the day of, and 1-3 days following treatment. Initial here: \_\_\_\_\_\_
3. I acknowledge having been informed that this cosmetic procedure is intended to remove superficial surface layers of the skin to improve the vitality of the skin. Initial here: \_\_\_\_\_\_
4. It has been explained to me that because microdermabrasion procedures are a superficial abrasion to the skin, the result of a one-time treatment is similar to a polishing of the skin. I understand in order to see significant results, these treatments need to be done in a series and in combination with active ingredient skin care products. Initial here: \_\_\_\_\_\_
5. I acknowledge that after my microdermabrasion procedure, all treated areas may experience redness, and/or feel warm and appear sunburned/ wind-burned sensation. Initial here: \_\_\_\_\_
6. I understand that my compliance to my aftercare instructions will greatly affect my final result. I acknowledge my obligation to follow the written and spoken instructions covering my pre-and post-treatment skin care regimen. Initial here: \_\_\_\_\_\_
7. I acknowledge that I have been instructed to avoid sun exposure and must wear a sun protection of at least SPF30 or over on a daily basis after my treatment / or during my treatment series. Initial here: \_\_\_\_\_\_
8. I understand that although rare, certain risks or complications could occur. Following all post procedure instructions will help avoid complications. Initial here: \_\_\_\_\_\_
9. I acknowledge that if I am prone to Herpes (cold sores, fever blisters) that I may need a prescription for Valtrex (acyclovir) prior to having microdermabrasion. I need to avoid treatments during a breakout. Initial here: \_\_\_\_\_\_
10. **Acne patients** – I acknowledge being informed that I may experience a slight acne flare-up, and that my acne condition may temporarily look worse for a few days after a microdermabrasion treatment. Initial here: \_\_\_\_\_\_

I have read and initiated each paragraph and have been satisfactory informed of the benefits, risks, and complications regarding microdermabrasion. I consent to this microdermabarsion treatment today and for all subsequent microdermabrasion treatments.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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