

## MICRODERMABRASION CLIENT CONSENT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Epic? \_\_\_\_\_ Age Group: 20-30 / 30-40/ 40-50/ 50-60/ 60+

Microdermabrasion is a safe and highly effective, clinically proven technique for precise exfoliation of the skin while simultaneously delivering a topical formula to target a specific dermatological condition. Exfoliation promotes the reduction of fine lines, wrinkles, minimizes scars, acne, stretch marks and sun damage. It also regenerates the epidermal cell structure resulting in skin elasticity and a more youthful, pliable, smooth skin.

Topical formulas penetrate the skin to treat specific conditions such as acne, hyperpigmentation, photo damage, dehydration and fine line wrinkles. The microdermabrasion treatment performed with your estheticians recommended pre and post treatment skin care regimen promotes optimal outcomes.

*Please check off the following:*

- I acknowledge that I might experience a scratchy, stinging sensation during the treatment. This sensation will fade during the post-treatment protocols.
- I acknowledge that if I suffer from acne, the condition may temporarily look worse after the treatment, but will improve after additional microdermabrasion treatments.
- I acknowledge that if I fail to use sunscreen, I am more susceptible to sunburn and hyperpigmentation. Exercise should be limited after the treatment for 24 hours.
- I acknowledge that I have not been on Accutane for acne therapy during that past six months. I acknowledge that I have not been using Retin-A for the past two weeks. I will discontinue the use of Retin-A for 1-3 days after therapy.
- I acknowledge that sometimes facial telangiectasias (small blood vessels) is more apparent immediately after the treatment when the skin is thin and will diminish after re-epithelialization (build up of dead cells).
- I acknowledge that I will remove my contact lenses prior to the procedure.
- I acknowledge that if I am prone to cold sores (herpes) around the mouth or facial area, I may need a prescription for Zovirax from my medical doctor prior to having the treatment and avoid all treatments during breakouts.
- I acknowledge that my esthetician uses tools that are disinfected or disposable.
- I acknowledge that my skin may experience temporary tightness, redness, or slight swelling which disappears in a few hours depending on my skin's sensitivity.
- I acknowledge that the treatment does not require topical anesthesia.
- I acknowledge that the initial treatment will show improvement, which will increase after successive treatments.

I \_\_\_\_\_, hereby agree to have the Microdermabrasion treatment performed on my skin and to follow all post-treatment protocols provided by my esthetician.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

