

# INFORMED CONSENT FOR MICRODERMABRASION

PLEASE PRINT CLEARLY

Patient Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

PERMISSION IS HEREBY GRANTED TO SARAH WALLACE TO PERFORM THE FOLLOWING PROCEDURE: MICRODERMABRASION.

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**PROCEDURE:** Microdermabrasion is the process of abrading away epidermal tissue using a diamond-tip wand and suction tool.

Initial if you understand and agree \_\_\_\_\_

**COMPLICATIONS:** Side effects and complications are typically minimal. Slight swelling and/or redness or slight blood spotting (with deeper treatments) may last for several hours or days after treatment. The skin may feel tight, as if exposed to sun or wind. Rarely, bacterial or viral infections occur due to the breaking of the skin barrier.

Initial if you understand and agree \_\_\_\_\_

**RESULTS:** Treatments take anywhere from 30 minutes to one hour. The frequency of treatments can range from every two weeks to once a month. Temporary improvements may be seen on the first treatment and improvement will continue throughout the treatment program.

Initial if you understand and agree \_\_\_\_\_

**SATISFACTION:** I understand that several treatments may be needed to improve the skin condition.

Initial if you understand and agree \_\_\_\_\_

**NO GUARANTEE:** Although a noticeable improvement in the skin's appearance usually occurs, I have been informed that the practice of microdermabrasion is not an exact science and that no guarantee can be or has been made concerning expected results in my case.

Initial if you understand and agree \_\_\_\_\_

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I agree that this constitutes full disclosure and that it supercedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

\_\_\_\_\_  
Sarah Wallace – Aesthetician

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date of Birth



REVIVE  
DAY SPA