

UNIQUE TO YOU Client Consent Form - Microdermabrasion/DermaDisc



Name _____ Date _____

Please initial:

_____ I acknowledge that no guarantee has been made about the results of the procedure. Although it is impossible to list every potential risk and complication, I have been informed of some possible benefits, risks and complications which may include, but are not limited to, the following:

- *Provides a smoother appearance of the skin
- *Improves the appearance of fine lines and wrinkles
- *Helps to even the coloring and lighten the pigmentation
- *Supports the natural collagen syntheses in the skin
- *Helps to build collagen and thicken the dermis.
- *Firms and tightens the skin
- *Reduces scarring and acne lesions
- *Skin may feel wind burned or sensitive for a few days
- *May experience tightness and peeling of the skin
- *May experience superficial scratches

_____ I attest that I have had an opportunity to ask questions and have questions answered to my satisfaction.

_____ Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for this service and must be disclosed prior to treatment:

- *Active infection of any type, such as Herpes simplex virus or flat warts. (May result in flare up)
- *Active acne
- *Sunburn
- *Recent use of topical agents such as glycolic acids, alpha hydroxy acids and Retin-A
- *Any recent chemical peel procedure
- *Uncontrolled diabetes
- *Eczema, dermatitis
- *Skin cancer
- *Vascular lesions
- *Oral blood thinner medications
- *Rosacea
- *Pregnancy
- *Use of Accutane within the last year
- *Family history of hypertrophic scarring or keloid formation
- *Telangiectasia/erythema may be worsened or brought out by skin exfoliation

_____ I give my permission for photographs to be taken to record my progress. These photos may be used for teaching or advertising purposes. I may request that my eyes be covered to conceal my identity.

_____ I agree to follow post treatment instructions given to me by my Esthetician including but not limited to:

- *Aerobic exercise or vigorous physical activity should be avoided until all redness has subsided.
- *Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure and tanning beds). If some sun exposure cannot be avoided, first apply sunscreen with an SPF of 30 or greater. Although sunscreen should be a part of your daily skin care, for a minimum of two weeks, a sunscreen with at least a SPF of 15 must be applied.

I have read the above information and initialed each section to indicate that I fully understand what to expect. I give permission to my therapist, **Trish DiLallo, Unique to You**, to perform the Microdermabrasion or DermaDisc procedure we have discussed and will hold her harmless from any liability that may result from this treatment.

Client Signature _____ Date _____

Esthetician Signature _____ Date _____