

Spa Namaste
At Richmond Hill Natural Therapies

Microdermabrasion Client Informed Consent Form

Client: _____ Date: _____

This client 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 carefully and initial where indicated.

Initial Here

1. I acknowledge having been informed that this cosmetic procedure is intended to remove superficial surface layers of skin to improve the vitality of the skin. _____
2. I understand that my skin care professional can discover other, or different conditions that may require additional or different procedures than those planned. _____
3. It has been explained to me that because microdermabrasion is superficial abrasion to the skin, the result of one time treatment is similar to a deep cleansing or polishing of the skin. I understand that in order to see significant results these treatments need to be performed in a series or a combination with active ingredient skin care products. _____
4. I acknowledge that while the goal of such a procedure is the removal of damaged skin, the results average at least fifty percent improvement. I acknowledge that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients' skin may show improvement, while others may not show marked improvement. _____
5. I acknowledge that after my microdermabrasion procedure, all treated areas may feel warm and appear sunburned or my skin may experience a wind-burn sensation. _____
6. I understand that my compliance to my after care instructions will greatly affect my final results. I acknowledge my obligation to follow the written and spoken instructions covering my pre and post-treatment skin care regimen. _____
7. I understand that approximately four to six treatments are recommended for achieving the best results. _____

8. I understand that although rare, certain risks or complications could occur but are usually treatable and temporary, such as hyper-pigmentation, hypo-pigmentation, and scarring. Following all post-procedure instructions will help avoid conditions _____
9. I acknowledge that if I am prone to Herpes (cold sores, fever blisters) that I may need a prescription Zovirax prior to having microdermabrasion. I need to avoid treatment during a breakout. _____
10. I acknowledge that I have not used Accutane during the last six months. _____
11. I acknowledge that I should avoid the use of glycolic and Retin-A type products seven days prior and three days following the last treatment. _____
12. **Acne patients**, it has been explained to me that I may experience a slight acne flare-up, and that my acne conditions may temporarily look worse for a few days after microdermabrasion treatments. _____
13. I acknowledge that I have been instructed to avoid sun exposure and that I must wear a sun block of at least SPF 30 over the treated areas on a daily basis during my treatment series. _____
14. I understand that if I have any additional questions or concerns that I should call the office immediately. _____

I have read and initialized each paragraph and have been satisfactorily informed of the benefits, risks, and complications associated with microdermabrasion treatments. I consent to this microdermabrasion treatment today and for all subsequent microdermabrasion treatments.

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____

If Client is a Minor

Parent/Legal Guardian Signature: _____

Date: _____