

Microdermabrasion Consent



EMILIA BEAUTY ART
83 CHAPMAN CIR SE
CALGARY, AB
INFORMED CONSENT FOR MICRODERMABRASION

I, _____ give my consent for the following procedure: Microdermabrasion to be performed by Emilia Beauty Art.

I understand there are contraindications to this treatment, including but not limited to diabetes, cancer, active acne, bleeding disorder, and the inability for blood to coagulate following injury. Certain medications including blood thinners, higher dosages of Aspirin, and Accutane are contraindicated for this treatment due.

I certify that I am not taking any of the above medications or experiencing any of the above conditions. Alternative treatments such as waxing to remove vellous hair and microdermabrasion for exfoliation, along with their associated risks, have been explained to me as other options.

I understand this treatment involves the use of a sanding type machine to remove dead skin on the surface of the skin; there is the possibility of nicks or cuts. While every precaution is taken, I understand the risks and consent to receive treatment today.

Name _____

Date _____

Signature _____

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Microdermabrasion is based on the the concept of sanding off the top layers of dry dead skin to help the skin to regenerate. Micro-needling treatments create superficial “microdermabrasion induces the healing process including new collagen production. Microdermabrasion has been shown to reduce the visibility of acne scars, fine lines, and wrinkles, diminish hyperpigmentation, and improve skin tone and texture.

I _____ (Print Name) hereby authorize and direct the associates of Emilia Beauty Art to perform my Microdermabrasion treatments.

_____ I understand possible side effects include and are not limited to: slight or extreme redness, histamine reaction, swelling, stinging, itchy, tender, dry or flaking skin. In rare instances, hyperpigmentation/hypopigmentation, scarring, or infection can occur. I UNDERSTAND THAT I SHOULD ONLY APPLY PRODUCTS

RECOMMENDED BY MY CLINICIAN POST TREATMENT.

___ Improvement of the skin may also be accomplished by other treatments. Options include laser skin surface treatments, chemical peels, micro-needling, and facials. Other options not mentioned here may exist. Risk and potential complications are associated with alternative treatments.

Most side effects will gradually diminish over time as healing may take several days. Notify your clinician if any side effects cause extreme discomfort or any unexpected problems occur immediately. _____ I have avoided the following products/procedures THREE DAYS prior to treatment:

- Topical prescriptions including but not limited to Retin-A, Tretinoin, Differin, Tazorac
- Abrasive scrubs or other exfoliating products

_____ I have not had any cosmetic injections within the last TWO WEEKS

Notify your technician PRIOR TO SIGNING THIS CONSENT if any of the following apply to you:

- Cold sores(or history), warts, open skin lesions, sunburn, extreme sensitivity, dermatitis, rosacea
- Blood thinning medications
- Accutane or generic within the past year
- Pregnant or breastfeeding
- Received chemotherapy or radiation therapy
- Collagen Vascular Disease
- Eczema, Psoriasis, or Dermatitis
- Hemophilia / bleeding disorders
- Keloid/hypertrophic scarring
- History of autoimmune disease or any condition that may weaken you immune system _____

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___ I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that every precaution will be taken to prevent complications and that complications from this procedure are rare, they can and sometimes do occur.

_____ Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case. Multiple treatments may be necessary to achieve optimal results.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS MICRODERMABRASION CONSENT FORM AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Print Name: _____

Signature: _____

Date: _____

Technician's Signature _____

Date: _____