



Facial Treatment Consent Form

Please initial each section to indicate that you understand each topic. Do not initial if you desire more information.

Expectations

This form, together, with the general information sheet, is designed to provide you with information for making an informed decision regarding your microdermabrasion, chemical peel, or facial. If you have any questions, please do not hesitate to ask a member of our staff. While a microdermabrasion, chemical peel (series of mild acid treatments), or facial is effective in most cases, no guarantee can be made that a specific individual will benefit from the treatment.

- Immediate pinkness of the skin, giving it a “rosy” glow for the first 2 days.
- Tight feeling of the skin for 2-3 days.
- Possible darkening of the skin on the 2nd or 3rd day.
- Peeling or flaking of the skin starting on day 3 or 5, which can continue for 7-10 days (this depends on the exact procedure).
- Swelling, particularly around the eyes (minimized with ice packs).
- Dryness and itching of the skin (treated by using special creams prescribed for you).

Initials _____

Complications

Complications could potentially occur with microdermabrasion, chemical peels, or facials, as they can occur with any other form of skin treatment. Careful attention to the skin care treatment provider’s instructions is imperative. Contact the office immediately if any of the following occur:

- Skin infection (pus, oozing, fever).
- Appearance of a cold sore on the lips or any other portion of the peeled area.
- (Note: the cold sore can spread if not cared for immediately!).
- Allergic reaction, acne, or irritation to any of the creams or medications.
- Wind or sun sensitivity; sun may increase the possibility of swelling and redness.
- Extreme reactions, such as scarring or keloids.
- Increase or decrease in skin pigmentation, which does not blend with normal skin after healing from treatment.

Initials _____

Pregnancy

I understand that there are certain conditions where Chemical Peels are not recommended. These include (a) pregnancy or breastfeeding. None of these conditions apply to me.

Initials _____

Costs/Fees

Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee for touch ups.

Initials _____

Consent

The Skin Care Specialist has explained to me the possible complications from the proposed microdermabrasion, chemical peel, or facial and I have had sufficient opportunity to ask questions. I understand that the microdermabrasion, chemical peel, or facial treatment may cause a burning sensation that will last several minutes. Multiple treatments may be necessary to achieve the desired results, depending on my skin type and the nature of my skin problems. The degree of clinical improvement that is observed after microdermabrasion, chemical peels, or facials is variable, as treatment is not an exact science.

Initials _____

After receiving and understanding in full all the information presented above, I freely give my consent to undergo the microdermabrasion, chemical peel, or facial procedure. I also consent to the taking of medical photographs to track my treatment progress. I understand that this procedure is cosmetic and that payment is my responsibility. My questions have been answered by the skin care specialist and/ or spa staff to my complete satisfaction. I accept the risks and complications of the procedure.

Patient Signature _____

Date _____

Patient Name (print) _____

Witness Signature _____