

MICRODERMABRASION INFORMED CONSENT FORM

I agree to have the Microdermabrasion procedure and acknowledge having been informed that this cosmetic procedure is intended to remove surface layers of my skin to improve the vitality of the skin.

I understand that while the goal of such procedure is the removal of damaged skin the results may average between 50-75% improvement and may work best in conjunction with other therapies such as peels or laser skin resurfacing for expected results.

I also have been informed that microdermabrasion could have the following risks: unsatisfactory appearance, poor healing or skin loss, or recurrence of the original condition.

I acknowledge my obligation to follow the written and spoken instructions covering my pre- and post-treatment skin care regimen.
I also understand that multiple treatments may be indicated.

I certify that I have read the above consent and I fully understand it. I hereby consent to the Microdermabrasion procedure.

Client Name _____ Date _____

Client Signature _____