

## Consent for Skin Care Treatments

This consent form provides information to assist in making an informed decision regarding Skin Care Treatments that include microdermabrasion, chemical peels, dermaplaning, needling, and the use of topical skin care products.

Microdermabrasion is a mechanical method of removing the outermost layers of the skin through the use of abrasive elements such as a diamond-tipped pad. Chemical peels remove the top layers of the skin through the use of acids, such as glycolic, lactic, salicylic, and trichloroacetic acid. Dermaplaning manually exfoliates the dead skin cells on the surface of the skin.

Alternative treatments to microdermabrasion and chemical peels include laser skin resurfacing, dermabrasion, plastic surgery, or no treatment at all.

Possible risks, side effects, and complications with Skin Care Treatments include, but not limited to:

- Prolonged erythema (redness) or edema (swelling)
- Allergic reactions
- Blistering
- Visible flaking/peeling
- Hyperpigmentation or hypopigmentation
- Abrasion (superficial cut) or temporary lines and streaking may occur with microdermabrasion and dermaplaning
- Acne outbreak or the activation of recurrent viral infections such as herpes simplex may occur
- Infection or scarring
- Itching

The risks of complications are higher for patients with darker skin types. I have disclosed any condition that may have bearing on this procedure such as: pregnancy, recent facial surgery, allergies, history of cold sores/fever blisters, or the use of Accutane within the past year.

I understand that it is not possible to predict any of the above side effects or complications, and results are not guaranteed. I have fully read this consent form and understand the information provided to me regarding the proposed procedures, and I have had all questions and concerns answered to my satisfaction.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_