

Thank you for choosing Avanti Skin Care Center of Willow Bend. In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this procedural consent form and ask any questions necessary to help you fully understand it. Please sign only after careful review and consideration.

Mechanism

Microdermabrasion is the process of delivering a stream of abrasive crystals (usually inert aluminum oxide) to the skin in order to exfoliate the top layer, remove dead skin cells, and stimulate new skin growth and collagen formation. The overall effect produces a smoother skin surface with a more uniform texture and coloration. The equipment allows for removal and collection of the used crystals and dead skin cells via a filtering system that limits exposure to bacteria and waste products.

Safety

All required safety precautions and equipment-specific guidelines will be followed to ensure the utmost in safety during your treatments.

Limitations

I understand that microdermabrasion is an elective cosmetic procedure and that no guarantees or medical claims are made or implied regarding its effectiveness or my actual results. A series of treatments is necessary to achieve maximum benefit.

Cautions

If I have any history of keloid formation, excessive scarring or poor healing (due to diabetes or other conditions) I will consult my personal physician prior to proceeding. I understand that areas with active viral infections such as herpes simplex (cold sores) or varicella (shingles) cannot be treated.

Discomfort

The procedure has very little discomfort associated with it and most individuals are able to easily tolerate this for the short duration of the treatment. You may have a sunburn-type sensation in the treatment area for several hours afterwards.

Skin Effects

I understand that most people will experience a temporary warmth and redness similar to a sunburn. I understand that I may feel tightness to the skin and it may feel more sensitive. Slight edema (swelling) may occur. Acne and other skin conditions may be temporarily worsened. I understand that dry and flaky areas may develop about 3-4 days post-treatment. Blistering, scabbing, infection and other skin changes are unlikely to occur. I understand that all of these side effects should completely resolve themselves within a few hours to several days following treatment. I agree to carefully follow the pre and post-treatment instructions to reduce the likelihood or severity of any skin changes.

Pigment Changes

I understand that hypo-pigmentation (decreased skin coloration) or hyper-pigmentation (increased skin coloration) are possible side effects and, although rarely permanent, may last several weeks to months. I understand that **post-treatment use of sunscreen is advised to minimize this risk**, and that in some cases bleaching creams may provide additional benefit.

Long Term Risk

I understand that the risks of microdermabrasion use may not be fully known. The information presented to me is based on recent studies conducted over a relatively short period of time. Avanti Skin Care Center of Willow Bend is not responsible for any risk not yet discovered or commonly known.

Continued Consent

This consent shall apply to all subsequent microdermabrasion treatments.

Guarantee

No warranty or guarantee is offered or implied.

PRE & POST-TREATMENT INSTRUCTIONS:

I understand that failure to carefully follow the instructions below may affect my treatment outcome and increase the likelihood or severity of complications. I agree to review and adhere to these instructions prior to each appointment.

Prior to Your Appointment:

- You must avoid sun tanning or tanning creams for at least 3 days prior to treatment. Use of sun block (SPF 35 or greater) during this time is advised. This will also be required after treatments.
- Use of Accutane (or products containing isotretinoin) must be discontinued at least 6 months prior to treatments.
- Use of aspirin, ibuprofen or other over the counter anti-inflammatory or blood thinning medications may increase bruising. Use of prescription blood thinning medications may require discontinuation as much as 2 weeks prior to treatment.
- For treatment of pigmented skin lesions, you should consult a specialist if there is a family or personal history of skin cancer or if you have these concerns.

On The Day of Your Appointment:

- If applicable, shave the area to be treated.
- Gently wash the area to be treated, removing makeup, lotion, etc. Do not apply any creams, lotions or other products to the area.
- The timing of each patient's appointment is critical. In order for us to keep all patients on schedule we ask that you please be on time for your appointments.

After Your Treatment:

- Cold compresses (not ice) and recommended skin care products may be useful to reduce swelling or discomfort. You may take over-the-counter pain or anti-inflammatory medication. Hydrocortisone (steroid) cream may decrease any itching or skin irritation. Antibiotic ointment (such as Neosporin) may be used if skin is broken, to prevent infection.
- Your skin will be sensitive for 2-3 days. Use gentle cleansers, but do not rub the skin vigorously. Skin moisturizers should be applied twice a day for several days following treatment.
- Use sun block (SPF 35 or greater) and avoid sun exposure or the use of sunless tanning creams for at least 3 days following your treatment, or longer if irritation is present.
- Avoid the use of glycolic acid type products or other harsh chemicals on the treated area until skin sensitivity has subsided. The treatment area may be left open and uncovered with no bandage or special dressing required.
- In the rare case that you experience any blistering or scabbing, please call us as soon as possible. Contact us if you experience persistent or unusual redness, swelling or drainage, as antibiotics may be necessary. If any pigment changes are bothersome or persist beyond 4 weeks, please discuss this with us.

I certify that I am a competent adult of at least 18 years of age.

My signature attests to the fact that I have fully read this entire consent form, that I have had any questions or concerns answered to my satisfaction, that I understand and agree with the information contained herein, and accept the risks inherent in undergoing this treatment.

I hereby consent to the use of the microdermabrasion system in the hopes of attaining the desired benefits.

Date _____

Signed _____ Printed Name _____

Parent / Legal Guardian _____ (for minors under age 18)