Facials-Dermaplaning- Peels or/ and Microdermabrasion  Informed Consent

I, __________________________, have been informed by Dr. Inda Mowett, medical aesthetician or other qualified staff member of the cost of the treatment, of the treatment modalities, of secondary and unwanted side effects, of potential transient or permanent damage to my skin that may result from this procedure. The treatment has been explained to me, and I have had an opportunity to ask questions. I understand that results may not be seen in a single treatment. A series of treatments are recommended for optimal results.

Possible side effects include, but are not limited to, mild redness, extreme redness, local swelling, stinging, tenderness, dry skin, flaking, pimples, bumpy appearance, cutting, scraping, and abrading the skin with a blade. There is a potential risk of exacerbation of cold sores.

There is a small incidence of reactivation of cold sores (herpes infection) or bacterial infection (impetigo) in individuals with a history of these skin conditions. I understand that there is a risk of developing a temporary or permanent pigment (color) change in the skin.

I have been advised to discontinue all AHA’s, glycolic, Retin-A, Renova, or any exfoliating products for up to 3 days before the procedure and 3 days after the procedure.

I understand there should be no sun exposure for 72 hours and that the use of an SPF 30 at all times during treatment duration is advised.

I agree to have a Facial, Dermaplaning, Chemical peel, Microdermabrasion or a combination of these treatments done. I also agree to adhere to all safety precautions and the home skin care program as recommended by my practitioner.

I am over 18 years of age or I have parental consent co-signed below. I will agree to inform the office of any complications or concerns I may have as soon as they occur.

_________________________   ___________________
Client or Parent Signature                  Date

R. 03/13
Facials-Dermaplaning- Peels or/ and Microdermabrasion After Care Instructions

1. Do not perspire for 24 hours after treatment.

2. Cleanse the face daily with a gentle cleanser.

3. Avoid direct sunlight for 72 hours after treatment. If outdoor activities are planned, wear a wide brimmed hat and SPF lotion of 30 or higher.

4. If redness or sensitivity occurs, wash your face and apply a cool compress or ice pack. If sensitivity continues for more than 24 hours, contact your physician or skin care professional.

5. Do not apply any Alpha Hydroxy acids (glycolic or lactic acid), Beta Hydroxy acids (Salicylic acid), Tretinoin such as Retin-A or Renova, or exfoliating products during your healing time as they can severely damage the skin, for up to 72 hours after procedure.

6. Do not peel, pick or scratch the skin at any time; this could cause scarring and discoloration to affected area.

7. If crusting occurs, apply petroleum jelly to affected area until healed.

8. Keep skin well-hydrated with appropriate moisturizer. Your doctor will recommend the best physician strength skin product for your skin type.

9. Call your skin care professional immediately if you experience any increased pain, redness, weeping or blistering, or have any questions about medications.

Please call us at 941-749-0741.

_______________________  _________________
Client or Parent Signature                   Date

R. 03/13