

REJUVENATION SPA OF ALPHARETTA

Christi Stowers Enterprises
1380 Upper Hembree Road, Roswell, GA 30076

MICRODERMABRASION CONSENT FORM

Microdermabrasion is a safe and highly effective, clinically proven technique for precise and deep exfoliation of the skin. Exfoliation promotes the reduction of the lines, wrinkles, micro scars, acne, stretch marks, and sun damage. It also regenerates epidermal cell structure resulting in improves skin elasticity and a more youthful, pliable, smooth skin texture. Topical formulas applied after microdermabrasion effectively penetrate the skin to treat specific conditions such as acne, hyperpigmentation, photodamage, dehydration, and fine line wrinkles. Adherence to a pre and post treatment skin care regimen recommended by our skin care specialist will enhance the results of this procedure.

_____ I acknowledge that I might experience a scratchy, stinging sensation during the treatment. This sensation may be eliminated during the post treatment protocol.

_____ I acknowledge that if I suffer from acne, the condition may temporarily look worse after the treatment, but will improve after additional treatments.

_____ I acknowledge that if I fail to use sunscreen >30 SPF, I am more susceptible to sunburn and hyperpigmentation. Exercise should be limited after the treatment for 24 hours.

_____ I acknowledge that I have not been on Accutane for acne therapy during the past one year. I acknowledge that I have not used Retin-A for the past two weeks. I will discontinue the use of Retin-A and all retinoid products for 1-3 days after therapy.

_____ I acknowledge that sometimes facial telangiectasia (small blood vessels) is more apparent immediately after the treatment when the skin is thin and will usually diminish after re-epitheliazation (build up of dead cells)

_____ I acknowledge that I will remove any contact lenses prior to the procedure.

_____ I acknowledge that if I am prone to cold sores (herpes) around the mouth or facial area, I may need a prescription from my medical doctor prior to having the treatment and will avoid all treatments during breakouts.

_____ I acknowledge that my physician or the operator use tools that are either disinfected or disposable.

_____ I acknowledge that my skin may experience temporary tightness, redness, or slight swelling which usually disappears in a few hours depending on my skins sensitivity.

_____ I acknowledge that the treatment does not require topical anesthesia.

_____ I acknowledge that the initial treatment will usually show improvement, which will increase after successive treatments.

_____ **I am not pregnant or nursing.**

_____ I give my consent to have photographs taken to chart the progress of this procedure. These photographs will not be used for any educational purposes, research papers, publishing, advertising, etc. without my express written consent. The photographs remain the property of Rejuvenation Spa.

_____ I understand that my skin may appear worse before it gets better. This may include streaking or slight bleeding at the treatment area. I understand that if there is any bleeding I must keep the area moist with bactirican which is an over-the-counter product that protects the skin from infection. This must be applied continuously until the area is fully healed.

_____ I understand there are no guarantees for the results of this treatment due to many variables, such as age, skin condition, smoking, sun damage, climate, etc. I understand I may or may not actually peel, and that each case is individual.

_____ I acknowledge that payment for this procedure is due at the time of visit and is nonrefundable. I also acknowledge that this is a cosmetic procedure and, as such is not covered by medical insurance.

_____ I understand the goals of microdermabrasion treatment as well as the limitations and possible complications. I hereby agree to have the microdermabrasion performed on my skin and to follow all post-treatment protocols.

_____ I have read and understand all post-treatment care instructions.

Patient Signature: _____ Date: _____