



## MEDICAL MICRODERMABRASION Evaluation and Consent Agreement

Medical Microdermabrasion is a non-surgical procedure that uses a combination of a chemical peel followed by a controlled spray of microdermabrasion crystals to remove the outer layer of the skin to promote collagen reformation. It improves skin **Tone, Clarity** and **Texture**.

### SKIN & HEALTH EVALUATION

- Rosacea Yes\_\_\_\_\_ No\_\_\_\_\_
- Open lesions or irritation of skin Yes\_\_\_\_\_ No\_\_\_\_\_
- Dermatitis Yes\_\_\_\_\_ No\_\_\_\_\_ Active? Yes\_\_\_ No\_\_\_
- Eczema Yes\_\_\_\_\_ No\_\_\_\_\_ Active? Yes\_\_\_ No\_\_\_
- Psoriasis Yes\_\_\_\_\_ No\_\_\_\_\_ Active? Yes\_\_\_ No\_\_\_
- History of Cold Sores or Herpes Simplex I Yes\_\_\_\_\_ No\_\_\_\_\_ Active? Yes\_\_\_ No\_\_\_

**All other conditions are covered and noted in the Guest Derma Analysis Questionnaire.**

**Please initial that you have read and understand the following:**

1. Contact lenses cannot be worn during treatment. Please remove prior to appointment. \_\_\_\_\_
2. I am not pregnant or lactating. If pregnant or lactating, medical microdermabrasion cannot be performed. \_\_\_\_\_
3. Open lesions, active cold sores, acute facial dermatitis or skin irritation must be resolved prior to microdermabrasion treatments. \_\_\_\_\_
4. If you are prone to cold sores, you will need to contact your physician for antiviral medication to avoid a post treatment breakout. It is recommended you begin prophylaxis two days prior to microdermabrasion treatment and continue for 5 days post treatment. \_\_\_\_\_
5. I acknowledge that I have not been on Retin-A or Tretinoin for 30 days prior to treatment. \_\_\_\_\_
6. I acknowledge that I have not been on Accutane within the past year. \_\_\_\_\_
7. If you have had laser skin resurfacing within one year, microdermabrasion cannot be performed. \_\_\_\_\_
8. If you have had a phenol or other deep peel within two years, microdermabrasion cannot be performed. \_\_\_\_\_
9. I am not allergic to aspirin or salicylates and I understand that if I am allergic to aspirin or salicylates, no chemical peel containing salicylic acid can be performed. \_\_\_\_\_
10. I am not prone to severe or keloid scarring. \_\_\_\_\_
11. I do not have difficulty healing. \_\_\_\_\_



- 12. I understand that there are potential risks and complications that include, but are not limited to: discomfort, changes in pigmentation, stinging or burning, itching, peeling, scabbing, scarring, increase in skin sensitivity, acne flare, mild skin inflammation, temporary skin dehydration and redness. \_\_\_\_\_
- 13. I've undergone a patch test that was negative, to assess allergic response 48 hours prior to first treatment. I acknowledge that there is a rare possibility of an allergic reaction. \_\_\_\_\_
- 14. I am willing to forego a patch test because I have previously used alpha hydroxy acid products on my skin and/or have had an alpha hydroxy acid peel in the past with no allergic response, but I understand there still could be an allergic response. \_\_\_\_\_
- 15. I have completed the Guest Derma Analysis Questionnaire and have provided accurate and complete information. \_\_\_\_\_
- 16. I understand that multiple treatments may be required and that Microdermabrasion is not an exact science and no specific guarantees can or have been made concerning expected results. \_\_\_\_\_
- 17. The technician has discussed the pre and post treatment instructions with me. I understand and have received a copy of the Microdermabrasion Pre and Post Treatment Instructions. I acknowledge my obligations to closely follow the after care instructions. \_\_\_\_\_

**CONSENT AND RELEASE AGREEMENT**

I induce \_\_\_\_\_ (*technician's name*) to perform a skin Medical Microdermabrasion treatment procedure on my face and/or body, and in consideration of so doing, I hereby and forever discharge Simonson's Salon and Day Spas, their employees and affiliated companies of and from all manner of actions, causes and demands in law or in equity which I or my heirs, executors or administrators have or might have now or hereafter by reason of their complying with my request to have a skin Medical Microdermabrasion treatment procedure. I am of legal age; if not, a parent must sign agreement.

Guest Signature	Technician Signature	Date
_____	_____	_____

***I certify that I have reviewed the foregoing information prior to additional treatments. My information is true, accurate and remains unchanged.***

Guest Signature	Technician Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____