



ACNE SCAR REMOVAL TREATMENT CONSENT FORM

The procedures for acne scar removal have been thoroughly explained. I realize that no promises or guarantees have been made. I understand that the treatment may be repeated several times to achieve complete satisfaction. I understand that the treatment(s) is voluntary on my part. My signature below indicates that I have agreed to receive the Acne Treatments.

Today's Treatment/Date:

Charge:

_____	Medical Microdermabrasion	_____
_____	Microdermabrasion	_____
_____	Chemical Peel	_____
_____	Intense Pulse Light	_____

I have been told of the following risks:

1. There will be redness and abraded skin following the treatment
2. I may have ice packs applied
3. Follow up care products will be applied at the end of the treatment

Possible Side Effects:

1. Crusting or blistering may occur. A topical antibiotic cream may be applied
2. Skin will need special care for a period of time
3. Avoid Exposure to sun

I acknowledge that I am obligated to follow the Kamala Aesthetics Medical and Laser Associates instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form

I agree to pay \$ _____ for the first treatment, and \$ _____ for each treatment thereafter; or \$ _____ for a _____ visit treatment package.

Today's Date: _____

Today's Treatment area: _____

Signature: _____

Guardian Signature _____

Staff Signature: _____