



MICRODERMABRASION CONSENT FORM

The Microdermabrasion procedure has 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. The microdermabrasion system propels natural mineral crystals onto the surface of my skin to reveal newer, healthier younger looking skin. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Microdermabrasion treatment(s).

I have been told the following:

- My face will be cleaned with an antiseptic cleanser
- Eyelid coverings to protect my eyes from the crystals
- My face will be polished with aluminum oxide crystals which have no side effects

I have been given the following information:

- I may experience pain, dry skin, peeling, redness, tingling and tenderness
- There is some possibility of change of color in the pigment
- There is some possibility of swelling
- I should not tan for three days following treatment and must use SPF sunscreen of 30 or higher

I have discontinued the use of:

- Collagen injections, waxing, electrolysis, and depilatories during the treatment period and for seven days after their conclusion
- Accutane four weeks prior to the treatments and during the treatment period
- Retinol and AHA for three days prior to the treatment and will not use for three days after the treatment

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am a competent adult at least 18 years of age. I understand that if I am a minor under the age of 18, the consent of my parent or legal guardian will be required before treatment. This consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

I authorize taking of pictures before and after the injections. I consent to their use for instructional, scientific, and educational and research purposes. However, these photographs will not identify me by name and my name will not be revealed without my specific written consent.

I acknowledge that I am obligated to follow 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.

Signature: _____ Date: _____

Guardian Signature: _____

Staff Signature: _____