

MICRODERMABRASION INFORMATION SHEET

_____ Client Initials

What is Microdermabrasion?

Microdermabrasion uses an adjustable applicator head that removes dead surface skin cells and initiates cellular turnover at the dermis and epidermis levels in a safe controlled manner. This approach respects the integrity of the skin and promotes even healing. Maintaining even cellular growth on the surface aids in the youthfulness of the skin's appearance. Microdermabrasion has been used to treat aging and sun-damaged skin, some types of acne and acne scarring, altered pigmentation, fine lines and wrinkles, and stretch marks. Results may include improved skin tone, fewer breakouts, diminished appearance of scars, even skin color, refined skin pores, renewed elasticity, and a healthy glow.

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What should you expect during your treatment?

Prior to your first microdermabrasion, as your esthetician, I will perform a thorough skin analysis. If microdermabrasion is not appropriate, you are informed during this session and an alternative treatment may be recommended instead. If microdermabrasion is for you, maximum results are obtained by participating in a series of treatments plus following a home care regimen. To further enhance your outcome, I require that you use products specifically directed toward obtaining correction. Your current daily regimen and skin care projects used will be reviewed, and you will be instructed which products you should continue to use, and will be advised on any recommended additions to your regimen. I recommend keeping regular appointments and carefully following your home care regimen to support your results.

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Is satisfaction guaranteed?

The majority of my clients receive satisfactory to above average results with a series of treatments. Maximum results are highly dependent on your age, cumulative sun exposure, health, menopause, lifestyle, genetic traits, general skin condition, and your willingness to follow recommended protocols. Be aware that many changes may occur deeper within the skin over time. I find that when participating in a series of treatments, along with a commitment to your daily skin care regimen, noticeable differences may indeed be the outcome. You may see a reduction of fine lines and a softening of deeper wrinkles, reduction of discoloration, softening and possible reduction in scars, and an overall improvement to the skin's tone and appearance. To continue the maintenance of your skin after you complete your treatment(s), I may inform you of long-term age management programs.

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Contraindications

Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for microdermabrasion treatment and must be disclosed prior to treatment.

- Active infection of any type, such as Herpes simplex virus or flat warts.
- Active acne
- Sunburn
- Recent use of topical agents such as glycolic acids, alphahydroxy acids and Retin-A
- Any recent chemical peel procedure
- Uncontrolled diabetes
- Eczema, dermatitis
- Skin cancer
- Vascular lesions
- Oral blood thinner medications
- Rosacea
- Tattoos (not effective)
- Pregnancy Use of Acutane within the last year
- Family history of hypertrophic scarring or keloid formation
- Telangiectasia/erythema may be worsened or brought out by skin exfoliation

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As your esthetician, I take every precaution to ensure that your skin is well hydrated and calm prior to leaving each session. However, you may experience excessive dryness or even some peeling between sessions, which may or may not be normal. Always check with me if you have any concerns after the treatment. More sensitive skin may experience some redness after the first couple of sessions. This normally goes away after 2 to 3 hours. After your treatment, sunblock must be worn at all times and tanning beds should never be used. You are making an investment in your face: therefore, it is to your benefit to continue to protect it long after your series is completed

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Post-Treatment/Home Care

Aerobic exercise or vigorous physical activity should be avoided until all redness has subsided. Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure and tanning beds). If some sun exposure cannot be avoided, first apply sunscreen with an SPF of 30 or greater. Although sunscreen should be a part of your daily skin care, for a minimum of two weeks, a sunscreen with at least a SPF of 15 must

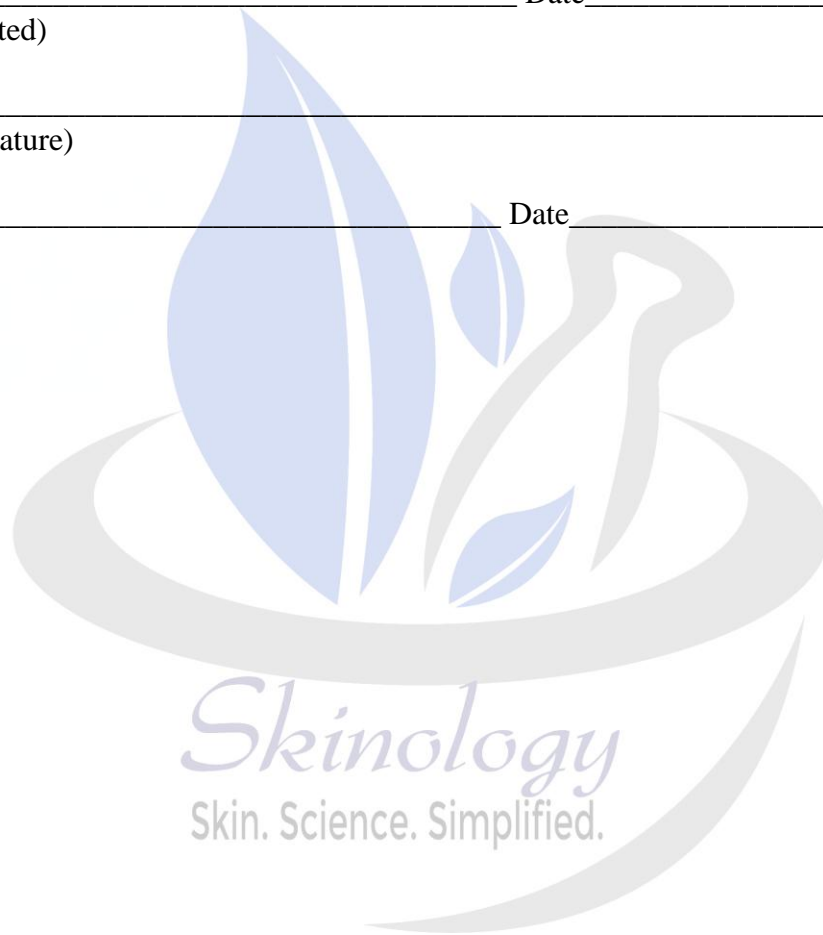
be applied. Cleanse your face with water or a mild soap substitute Twice daily followed by a mild sunscreen (minimum SPF 30).

If a site other than the face is treated, you only need to cleanse once daily, followed by sunscreen. In the event that you may have additional questions or concerns regarding your treatment or suggested home product / post-treatment care, you must consult your therapist immediately.

_____ Date _____
Client Name (printed)

Client Name (signature)

_____ Date _____
Esthetician



AUTHORIZATION AND CONSENT FOR MICRODERMABRASION

**PLEASE READ THIS AUTHORIZATION CAREFULLY AND ACKNOWLEDGE
YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE BELOW.**

To The Client. You have the right to be informed about the procedure to be used, indicating risks and benefits, so that you may make the decision whether or not to undergo the procedure. This authorization and consent form is an effort to make you better informed. To that end you are encouraged to ask any questions you may have. You are also encouraged to conduct your own research or consult with your own health care provider if you have additional questions.

Procedure. Microdermabrasion works by removing the superficial layer of skin called the stratum comeum. This procedure uses a wand with crushed diamonds to abrade the dead skin cells from the surface of the skin and vacuum the skin debris with controlled suction. I understand that it may take multiple treatments to achieve the desired effects.

Possible Side Effects. I understand that this procedure may cause side effects. The side effects listed here are merely examples and are not intended to be an exhaustive list. Every person is different, and there is no guarantee that more severe side effects will not occur. Of the observed side effects, the most common are listed. There may be **temporary redness** and **skin tightness** that may last up to 24 hours. There may be **mild discomfort during the procedure**. Please notify the esthetician if you have any pain. **Bruising and swelling** may result. **Skin infections** sometimes occur, but are generally more likely if there is an open wound. **Changes in skin color** are rare because only the upper skin is removed where there is no pigment, however they may occur. **Scarring** may result, but may be minimized if you follow all post-procedure instructions carefully. Although uncommon, you may have **temporary lines or streaking** of the skin that could last for several days. If you have a history of oral herpes simplex, a **reactivation** of this condition may occur over the treated area.

Authorization. I hereby authorize Skinology LLC, its employees, and agents to perform the "Microdermabrasion" procedure(s) on me. I fully understand that this procedure has limited applications. I am aware that the practice of esthetics, like medicine and surgery, is not an exact science, and I acknowledge that reputable practitioners cannot properly guarantee quality and/or results or freedom from complications. I acknowledge that I have had the opportunity to ask questions, and that I fully understand the Microdermabrasion procedure.

Waiver. I understand and acknowledge that there are risks involved with the Microdermabrasion procedure(s) including, but not limited to, those side effects listed above. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand that any false or misleading information I have given may lead to undesired results and complications and hereby waive Skinology LLC's liability if such results or complications occur. I further understand that my failure to follow post-procedure instructions may also lead to undesired results, complications or effects and hereby waive Skinology LLC's liability if such results or complications occur.

In consideration for Skinology LLC performing this procedure(s), I agree that I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me while I am undergoing this procedure(s) or side effects I may experience after the procedure(s) is performed. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of action against Skinology LLC, its owners, officers, employees, or agents for negligence, injury, loss, death, costs or other injuries or damages to me as a result of this procedure(s).

I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure(s) described above.

Client Signature _____ Printed Name _____ Date _____

Signature of Parent/Guardian (if under 18) _____ Printed Name _____ Date _____

Witness Signature _____ Printed Name _____ Date _____

