

ADVANCED PLASTIC SURGERY

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MICRODERMABRASION INFORMED CONSENT

NAME: _____

I understand that there may be a burning sensation and/or a stinging may occur during the treatment.

I understand that possible side effects include but are not limited to: peeling, tightness, mild to extreme redness, suction marks, wind-burn sensation, dry skin, flaking skin, and/or lightening or darkening of the skin.

I understand that the results of this treatment may vary due to conditions such as age, condition of skin, sun damage, damage due to smoking, climate, etc.

I understand that the number of treatments is dependent on skin type and condition, and that the best results are achieved when the advised program is followed.

I understand that this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that blemishes and/or cold sores may result after this treatment.

I understand that waxing, collagen and Botox injections should be avoided for 10-14 days before and after this treatment.

I understand that direct sun exposure (including tanning booths) is prohibited while I am undergoing treatment and that the use of daily sun block protection (minimum SPF 30) to the area treated is mandatory.

I have not had a chemical peel or microdermabrasion treatment of any kind within 14 days of this treatment, whether the treatment was performed at this location or any other location.

I understand that I am to discontinue all AHA's, Glycolics, Retin-A, Renova or any exfoliating products for up to 72 hours pre and post treatment.

I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-care instructions. Prior to receiving any treatment, I have been candid in revealing any condition that may have bearing on this procedure. I am over 18 years of age. (Parental consent required for minors)

Signature: _____ Date: _____

Witness: _____ Date: _____

Physician: _____ Date: _____