



Informed Consent for Microdermabrasion

Patient Name: _____ Date of Service: _____

Permission is hereby granted to Revive Medical Spa, LLC to perform the following procedure: microdermabrasion.

Initial after each statement below if you understand and agree:

Procedure

Microdermabrasion is the process of abrading away epidermal tissue using a diamond-tip wand and suction tool. _____

Complications

Side effects and complications are typically minimal. Slight swelling and/or redness or slight blood spotting (with deeper treatments) may last for several hours or days after treatment. The skin may feel tight, as if exposed to sun or wind. Rarely, bacterial or viral infections occur due to breaking of the skin barrier. _____

Results

Treatments take anywhere from 30 minutes to one hour. The frequency of treatments can range from every two weeks to once a month. Temporary improvements may be seen on the first treatment and improvement will continue throughout the treatment program. _____

Satisfaction

I understand that several treatments may be needed to improve the skin condition. _____

No Guarantee

Although a noticeable improvement in the skin's appearance usually occurs, I have been informed that the practice of microdermabrasion is not an exact science and that no guarantee can be or has been made concerning expected results in my case. _____

I agree that this constitutes full disclosure and that it supercedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

Medical Esthetician

Patient Signature

Date