

Name: _____

Date of Birth: _____

Chart: _____

Date: _____

INFORMED CONSENT FOR MICRODERMABRASION

I consent to treatment with microdermabrasion in an effort to improve skin tone, texture, discoloration, acne lesions and/or fine lines. Microdermabrasion involves a series of treatments over a period of several months. Results may be variable from patient to patient and from treatment to treatment. I understand that multiple treatment sessions are usually needed in order to obtain the desired level of improvement. Although microdermabrasion is effective in most cases, I understand that no guarantees can be made that I will benefit from treatment. I understand that side effects and complications of microdermabrasion include but are not limited to:

- 1. Pain or burning sensation.** During and immediately following microdermabrasion, a stinging, tingling, or burning sensation may be experienced. These symptoms generally last only a few minutes. If they persist, cool water compresses may be applied to minimize discomfort.
- 2. Redness and swelling:** These symptoms may occur after a microdermabrasion and are generally mild and self-limited.
- 3. Skin darkening or skin lightening:** Pigmentary changes such as skin darkening or lightening of the skin is very unusual with microdermabrasion but, in rare instances, could occur. This reaction is more common when treated areas are exposed to the sun, especially in patients who are already suntanned or who have olive or darker skin tones. It is extremely important to protect the treated area from sun exposure with a hat and sunscreen treatment and to follow the post-treatment instructions carefully. If it occurs, skin darkening will usually fade and pale areas will usually repigment within 3 to 6 months. In rare cases, the changes can be permanent.
- 4. Blisters or scabs:** Blistering is uncommon but can develop with treatment. Blisters will go away within 2 to 5 days and may be followed by a scab. The scab will disappear during the natural wound healing process of the skin. During this time, the area should not be manipulated or picked, which can lead to scarring.
- 5. Infection:** Swelling, crusting, pain, or fever could indicate an infection or reactivation of cold sores or fever blisters. This may require use of topical or oral antibiotics.
- 6. Scarring:** Scarring is rare with microdermabrasion. Scarring occurs from disruption of the skin's surface and/or abnormal healing. Careful adherence to all postop instructions will reduce the possibility of scarring.

	PLEASE INITIAL
I have read and understand the information on this consent form.	
I have had the opportunity to ask questions.	
My questions have been answered to my satisfaction.	
I understand the nature of the procedure, my alternatives to this treatment and why this treatment has been recommended.	
I understand the nature of the risks associated with this treatment as outlined in this consent form.	
I acknowledge that it is impossible to predict how I will respond to treatment and that no guarantees have been made that microdermabrasion will improve the appearance of my skin.	
I certify that I am not pregnant, trying to become pregnant, or breastfeeding, and I accept the responsibility for making these determinations.	
Consent for Photography: For the purpose of documenting my progress and response to treatment, I give permission to take photographs.	

COST AND PAYMENT POLICY: Since treatment with microdermabrasion is considered cosmetic, you will be responsible for the cost of services. Full payment is due at the time of service. Unfortunately, credit cannot be extended. Please discuss the cost of treatment prior to undergoing the procedure. If you have any questions, please make sure they are answered to your satisfaction.

ESTIMATED COST OF TREATMENT: _____

I certify that I have read and understand the contents of this consent form before signing my name below. I hereby freely consent to treatment with chemical peels in an effort to improve my appearance.

X _____ X _____
Signature of patient or legal guardian **Date**

Witness: _____ Date: _____