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## Microdermabrasion Consent Form

Skin Condition (Please check all that apply)

Wrinkles, Fine Lines     Acne/Acne Prone     Dehydration (dull, dry skin)     Hyperpigmentation (brown spots or sunspots)

- The microdermabrasion treatment you will receive is a procedure designed to exfoliate or remove the outer layer of the skin.
- Your skin may be slightly red or have a warm sensation. Some people even experience minor peeling of the skin, which is normal.
- Your participation in your skin care treatments will determine the outcome.
- No guarantee is implied as to the precise results.
- During the procedure, if you feel any discomfort, notify the esthetician immediately so the pressure can be adjusted.
- Make sure to avoid alpha acid, glycolic acids, Retin-A, salicylic acid, hydroquinone, and exfoliation scrubs for 72 hours.
- Stay out of direct sunlight up to 3 days after treatment and use an SPF at least 15 on the area being treated.

Please Check Beside Each Statement If You Agree.

- I am not pregnant.
- I have not used Retin-A for 72 hours.
- I agree to avoid tanning beds and direct sunlight for 7 Days.
- I agree to notify my esthetician of any concerns.
- I agree to wear sunscreen with an SPF of at least 15 daily.
- I have not had a peel treatment in the last 7 days.
- I have not had a microdermabrasion treatment in the last 7 days.
- I have not taken Accutane in the last year.
- I agree not to wax or exfoliate 72 hours post treatment.
- I do not have any active or inactive cold sores.
- I do not have a family history of hypertrophic scarring or keloids.
- I do not have uncontrolled or active rosacea.
- I have not had surgery or any cosmetic procedures on the skin within the past 4 weeks.
- I do not have eczema or psoriasis.
- I am not currently taking any blood thinning medication.

I hereby give my consent and voluntary release to Ballert Medical Aesthetics and technicians from any claims, implied or stated that I have or may have in the future with this treatment regardless of result. I certify that I have read and fully understand the possibility the known and unknown risks, complications, and limitations to the procedure. I agree this constitutes my full disclosure of my health background. I am stating the treatment and precautions have been explained to me in great detail and I fully understand.

I agree to and fully understand the statement above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_