

Microdermabrasion Consent Form

The Microdermabrasion procedure has been thoroughly explained. I realize that no promises or guarantees have been made. I understand that the treatment may be repeated several times to achieve complete satisfaction. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Microdermabrasion treatment(s).

I understand the procedure will include:

1. My face will be cleaned with an antiseptic cleanser
2. Eyelid coverings to protect my eyes from the crystals
3. My face will be polished with aluminum oxide crystals which have no side effects

I have been told of the following risks:

1. I may experience pain, dry skin, peeling, redness, tingling and tenderness
2. There is some possibility of change of color in the pigment
3. There is some possibility of swelling
4. Not to tan for three days following treatment and to use SPF sunscreen of 30 or higher

I have discontinued the use of:

1. Collagen injections, waxing, electrolysis, and depilatories during the treatment period and for seven days after their conclusion
2. Accutane four weeks prior to the treatments and during the treatment period
3. Retinol and AHA for three days prior to the treatment and will not use for three days after the treatment

I acknowledge that I am obligated to follow the Premier OB/GYN of West Houston instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form.

Signature: _____

Guardian Signature: _____

Staff Signature: _____