

DiamondTome Microdermabrasion Consent Form

Prior to receiving this Microdermabrasion treatment I have been candid in revealing any condition that may have a bearing on this procedure, such as **pregnancy, recent facial peels or surgery, allergies, tendencies to cold sores and fever blisters, use of Retin-A, Accutane or hormones and recent or upcoming exposure to ultraviolet rays (sun or tanning beds.)**

I understand there may be some degree of minor discomfort, i.e. itchiness redness.

I understand there are no guarantees to this procedure.

I understand that to achieve maximum results, I will need several ongoing treatments and use daily product over a period time, including sunscreen.

I understand that the possibility of irritation and redness exists and that I should notify my skin care professional when irritation persists.

I understand that I can not have this procedure if I have sunburn, or have been recently exposed to the sun preceding this procedure. I understand that I will not expose myself to the ultraviolet rays (sun or tanning beds) after this treatment for at least 48-72 hours.

I will follow the home care program specifically designed for me without changing or adding any products without consulting my skin care professional.

I agree to all the above to have this treatment performed on me and will follow all prescribed directions regarding post procedure care.

I voluntarily consent and authorize that this microdermabrasion treatment be performed by the staff of this facility, including physicians, aestheticians, associates and any other health care providers as deemed necessary. I hereby release this facility, its staff and any other participating health care providers from an and all liability for any adverse effects that may result from this treatment and related procedures/

Signature of Patient _____

Date of Treatment _____