

Edans Med Spa

MICRODERMABRASION/CHEMICAL PEEL CONSENT

- **Prior to receiving this treatment, I have revealed any conditions that may interfere with this procedure. Such as recent microderm peel or laser treatments, facial surgery, allergies, tendencies to cold sores or fever blisters, use of Retin-A, accutane or hormones.**
- **I understand that there may be some slight discomfort, i.e. stinging, burning, scratchiness, itchiness.**
- **I understand that there is a period of irritation following this treatment and that redness, peeling, possible swelling, broken capillaries, minor burns, and scabbing are all possibilities when being treated with this procedure. I will notify my skin care professional if irritation persists.**
- **I understand there are no guarantees that come with this procedure and that to achieve maximum results I will need several ongoing treatments and will need to use daily product over a period of time.**
- **I understand that there are possible risks to these treatments, similar to any other medical procedure. These risks include rare side effects such as scarring and permanent skin discoloration as well as short-term effects such as redness, burning, bruising and temporary skin discoloration. These side effects have all been fully explained to me and I accept the risks of this treatment series.**
- **I will follow the home care regimen specifically designed for me without changing any products without consulting with my skin care professional.**
- **I will stay out of direct sunlight for the entire week following my treatment.**
- **I have read this consent form in full and understand it's content. I agree to all of the above and consent to have this procedure performed on me. I will follow all prescribed directions regarding post procedure care.**

Sign Name: _____ **Date:** _____

Clinician: _____ **Date:** _____