



MICRODERMABRASION CONSENT FORM

I hereby authorize Kingwood Skin Essentials or any delegated associates to perform Microdermabrasion on me.

I am aware of the following possible experiences/risks:

- DISCOMFORT – Some discomfort may be experienced during treatment.
• MILD EPIDERMAL FLAKING – Some mild epidermal flaking may occur.

I am aware that I must follow the protocol listed below:

- DO NOT USE ANY RETINOLS FOR THE NEXT 24-48 HOURS until you know how your skin will react to the Microdermabrasion.
• AVOID SUN EXPOSURE for the next 5-10 days.
• AVOID WAXING OR HAIR REMOVAL for the next 48 hours.
• AVOID FACIAL TREATMENTS for the next 7 days.
• DO NOT PICK AT SKIN.
• INCREASE WATER INTAKE to include at least 8 glasses per day.
• SUNBLOCK IS MANDATORY and must be reapplied every 2 hours.
• DO NOT USE WASHCLOTHS or any type of cloth on skin. Apply cleansers to clean hands for application.

I understand that the recommended product is Skin Medica Environmental Defense 30+.

- I agree to use the product recommended above as prescribed _____ (Initials).
• I do not wish to use the product recommended above. I understand that the positive results from this treatment may be compromised with the use of a product unknown to my Provider. Some possible side effects may be: hyperpigmentation, hypopigmentation, superficial and deeper dermal damage, acne outbreaks and dry skin _____ (Initials).

The following points have been discussed with me and I understand:

- Potential benefits of the proposed procedure
• Reasonably anticipated consequences if the procedure is not performed
• Most likely possible complications/risks involved with the proposed procedure and subsequent healing period
• Post-treatment instructions

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep Dr. Browning and staff informed should I become pregnant during the course of treatment.

ACKNOWLEDGEMENT

I understand and acknowledge that payments for the above procedure are non-refundable. By my signature below, I certify that I have read and fully understand the contents of this permission form for Microdermabrasion, and that the disclosures referred to herein were made to me.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness

Print Name

Date