



Microdermabrasion Consent

I understand that a temporary increase in sun sensitivity may follow this procedure, and I will take all necessary precautions recommended during and after the treatment series.

I understand that I am not to use a tanning bed after a Microdermabrasion treatment, and that I must use a sunscreen with UVA and UVB protection of SPF of 30 or more after each MDB treatment.

I understand that there may be a small risk of developing temporary hyperpigmentation.

I understand that the actual degree of improvement cannot be predicted or guaranteed.

I understand that I should not resume products containing alpha or beta hydroxy acids, Retin-A/Tretinoin, or other retinoids for 48 hours after the treatment.

I have not used any Retin-A/Tretinoin, Differin, Tazorac or other topical vitamin A products for at least 1-3 nights before treatment.

I have had an opportunity to ask questions and receive answers to my satisfaction.

I consent to and authorize _____ and members of their trained staff to perform Microdermabrasion treatments on me. All aspects of this treatment protocol have been thoroughly explained to me.

Patient Signature _____ Date _____

Patient Date of Birth _____

Technician
Signature _____ Date _____