



CONSENT FORM

Mega Peel Microdermabrasion Treatment

- HAVE YOU USED RETIN-A, ALPHA-BETA PEELS, HYDROQUINONE (skin lightener) IN THE LAST 7 DAYS? _____
- HAVE YOU USED ACCUTANE IN THE LAST 6 MONTHS? _____
- HAVE YOU HAD PHENOL OR TCA PEELS WITHIN LAST 2 YEARS? _____
- ARE YOU PREGNANT? _____
- ARE YOU PRONE TO FEVER BLISTERS? _____
- HAVE YOU HAD ANY INJECTABLE FILLERS OR BOTOX IN THE LAST 7 DAYS? _____
- HAVE YOU HAD IPL OR MICRODERMABRASION IN THE LAST 7 DAYS? _____
- ARE YOU TAKING ANY BLOOD THINNING MEDICATIONS OR SUPPLEMENTS? _____
- HAVE YOU HAD ANY FACIAL SURGERY IN THE LAST 4 WEEKS? _____

I have been candid in revealing any condition that may have a bearing on this procedure.

I understand there may be some minor scratchiness, itchiness and the possibility of some redness.

I understand that to achieve “maximum” results, I will need 4 to 8 ongoing treatments over a period of time.

I understand that the homecare my Esthetician recommends should not be changed or other products added to it without consulting my Esthetician first.

I agree to all of the above to have microdermabrasion performed on me and will follow all recommendations for post microdermabrasion care.

NAME _____ DATE _____