

**Consent Form**

Prior to your first Hydrabrasion treatment, as your aesthetician, I will perform a thorough skin analysis. If Hydrabrasion is not appropriate, you are informed during this session and an alternative treatment may be recommended instead. If Hydrabrasion is for you, maximum results are obtained by participating in a series of treatments plus following a home care regimen.

As your aesthetician, I take every precaution to ensure that your skin is well hydrated and calm prior to leaving each session. Always check with me if you have any concerns after the treatment.

More sensitive skin may experience some redness after the first couple sessions. This normally goes away after 2 to 3 hours. After your treatment, sunblock must always be worn, and tanning beds should never be used.

**Contraindications:**

Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for Hydrabrasion treatment and must be disclosed prior to treatment:

Active infection of any type, such as Herpes simplex virus or flat warts Active acne Sunburn Recent use of topical agents- glycolic acids, alpha hydroxy acids and Retin-A

Any recent chemical peel procedure Uncontrolled diabetes Skin cancer Vascular lesions Oral blood thinner medications Rosacea Tattoos (not effective) Pregnancy

Use of Acutane within the last year Family history of hypertrophic scarring or keloid formation Telangiectasia/erythema may be worsened or brought out by skin exfoliation

**Client Consent:**

*Please initial*

\_\_\_\_\_\_\_Prior to this treatment I have been candid in revealing any condition that may have a bearing on this procedure, such as pregnancy, recent facial peels, surgery, allergies, tendencies to cold sores, fever blisters and use of Accutane 4 weeks prior.

\_\_\_\_\_\_Retinols and AHA’s have not been used 3 days prior to this treatment and will not be used within 3 days after treatment.

\_\_\_\_\_\_\_I understand that no specific results are guaranteed with this procedure. I understand that to achieve significant results, it will take series of treatments in combination with the use of daily professional products. (Product recommendation will be provided.)

\_\_\_\_\_\_ I understand that I may experience a slight acne flare up, and that my acne condition may temporarily look worse for a few days after a Hydrabrasion treatment.

**Post Treatment/Home Care**

Aerobic exercise or physical activity should be avoided until all redness has subsided. Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure and tanning beds).

If some sun exposure cannot be avoided, first apply, sunscreen with an SPF of 30 or greater. Although sunscreen should be a part of your daily skin care, for a minimum of two weeks, a sunscreen with at least a SPF of 15 must be applied.

**Photo Consent**

Permission is granted to take photos of my face which may be used for marketing purposes on a website, social networking, SPA or class \_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_ no

I agree to all the above to have this treatment performed on me today and for all subsequent treatments. I do not hold my skin care professional, who signature appears below, responsible for any of my conditions that are present, but not disclosed at the time of this skin care procedure. I will notify my skin care professional of any changes to my medical history or change in my skin care products. I will follow all prescribed directions post treatment.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Esthetician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under 18 years of age)

Esthetician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_