



## INFORMED CONSENT FOR MICRODERMABRASION AND CHEMICAL PEELS

Microdermabrasion can provide improvement in the appearance of one's skin. Therefore, it is very important that you have a thorough understanding of what Microdermabrasion can and cannot do for your particular skin condition. In addition, it is imperative that you acknowledge the potential risks associated with Microdermabrasion.

Before undergoing Microdermabrasion, carefully read the following statements. After you have read each statement, please **initial** each respective statement in the space provided.

\_\_\_\_\_ I understand that the practice of aesthetics is not an exact science, and therefore results cannot be guaranteed. I acknowledge that no guarantee has been given to me as to the condition of my skin or degree of improvement expected following treatment.

\_\_\_\_\_ I understand that multiple treatments and the use of home care products are required to achieve optimal results.

\_\_\_\_\_ I understand that there are potential risks and complications that may require further treatment. These include but are not limited to: discomfort, changes in pigmentation, swelling of the area treated, unsatisfactory results, poor healing, scarring, infections, blistering, scabbing, bruising, itchiness, and redness. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I \_\_\_\_\_ understand that response to treatment varies on an individual basis and that specific results are not guaranteed. I also agree to hold harmless and release from any liability **Image ReNu** as well as any offices, directors, or employees of the above companies for any condition or result, known or unknown that may arise as a result of any treatment.

***I hereby declare that I have read and fully understand the above consent. I have been fully informed regarding associated risks of Microdermabrasion, Chemical Peels and alternative treatments. All of my questions have been answered in a satisfactory manner.***

### **Acknowledgement**

***I understand that there are no refunds of any kind for any treatments.***

***Gratuity is not included in treatments but if you want to tip technician you may do so.***

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff

\_\_\_\_\_  
Date