



MICRODERMABRASION/BIO-BRASION

Informed Consent: Microdermabrasion/Bio-Brasion

Although every precaution will be taken to ensure your safety and wellbeing before during and after your treatment please be aware of the following information and possible risks. Please initial:

____ I understand that microdermabrasion treatments involve a diamond tip applicator and vacuum that removes dead surface skin cells.

____ I understand that the following conditions are contraindications for microdermabrasion treatment and must be disclosed at time of treatment:

Skin Cancer

Active infection of an type, such as Herpes simplex, virus or flat warts

Active Acne

Sunburn

Recent use of topical agents such as alphahydroxy acids (glycolic, lactic) and Retin-A

Uncontrollable diabetes

Eczema, dermatitis

Vascular lesions

Oral blood thinner medications

Rosacea

Pregnancy/Lactation

Use of Accutane within one year

Family history of hypertrophic scarring or keloid formation

Telangiectasia/erythema may be worsened or brought out by skin exfoliation.

____ I understand that after treatment, sunblock must be worn at all times and tanning beds should not be used.

____ I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically.

____ I understand Deborah Bonjouklian, LE will take every precaution to minimize or eliminate negative reactions as much as possible.

____ I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

I understand the procedure and accept the risks.

Client Signature _____ Date: _____