

Aesthetic Medicine of New Hampshire

(603) 224-0808 AesMed.com

Informed Consent for Microdermabrasion

Patient: _____ Date: _____

This consent form is designed to verify that you have been satisfactorily informed and educated in respect to your microdermabrasion skin care treatment, as well as its aftercare, so that you may make an educated decision as to whether to have this procedure performed. Please read and initial each paragraph.

I understand that microdermabrasion is a superficial mechanical abrasion to the skin. _____ Client **Initials**

I understand that the mechanical abrasion is accomplished by using a machine (microdermabrader) that delivers a blend of Aluminum Oxide crystals, and a vacuum. There is **no** connection between Aluminum Oxide Crystals and Alzheimer's disease. (Aluminum Oxide is an **inert crystal** known for its abrasive qualities.) _____ Client **Initials**

I understand that the primary purpose of this procedure is to prepare the skin to accept, and increase the absorption properties of active ingredient rejuvenation products, and or chemicals. _____ Client **Initials**

It has been explained to me that because microdermabrasion procedures are a superficial abrasion to the skin, the result of a one-time treatment is similar to a deep cleansing or polishing of the skin. I understand that in order to see *significant* results these treatments need to be done in a series, and in combination with active ingredient skin care products. _____ Initials

I acknowledge that after my microdermabrasion procedure all treated areas may feel warm and appear sunburned. Your skin may also feel as if it is wind burned. By day 2 your skin may feel dry and sensitive. _____ Client **Initials**

I understand that my compliance to my after care instructions will greatly affect my final result. _____ Client **Initials**

Acne Patients: It has been explained to me that I may experience a slight acne flare-up, and that my acne condition may temporarily look worse for a few days after a microdermabrasion treatment. _____ Client **Initials**

Patients that are undergoing a series of treatments: I acknowledge that my complete compliance to my skin care program will enhance the outcome of my microdermabrasion treatments. This includes the use of *Protective Moisturizer SPF 30* over the treated areas on a daily basis during my treatment series. _____ Client **Initials**

I understand that there can be no guarantee as to how effective the outcome of my treatment(s) will be. There also can be no **guarantee** that dark discoloration (melasma) or stretch marks, will be reduced or fade. It has been explained to me, and I understand, that these conditions will respond much better when part of an overall skincare program. _____ Client **Initials**

I have read and initialed each paragraph and have been satisfactorily informed of the benefits, risks, and complications in regards to microdermabrasion. **I consent to this microdermabrasion treatment today and for all subsequent microdermabrasion treatments.**

Patient Signature _____ Date: _____

Photographs are taken of your skin prior to starting a series of treatments, and again at the completion of your treatments for the purpose of documenting progress being made.

I authorize Aesthetic Medicine of New Hampshire to take photographs of me before, during, and after my treatment series.

(Photographs are very helpful for educating other's with conditions similar to your own. Your name is never revealed without your consent. We are asking for your consent to allow us to use your photographs in the interest of medical education, knowledge or research.)

(Circle one): **I authorize** or **I do not** authorize my photographs to be used or shown to others for the purpose of education.

Signature _____ Date _____