

Microdermabrasion

Consent Form

I voluntarily request that the Lantry Laser & Skin Care Center provide me with a microdermabrasion procedure. I acknowledge that I have been informed that this procedure is intended to remove fine surface skin to improve the quality and smoothness of my skin.

I understand that my provider of this procedure may discover conditions that may require additional procedures. I have discussed this with the esthetician/nurse and authorize procedures as deemed necessary to achieve optimal results.

I understand the outcome of this procedure may vary from client to client. There is no specific guarantee, although most patients see 40 – 85% improvement of their skin.

I realize that the side effects may include slight redness, irritation or a slight burning sensation after the procedure. The skin may remain somewhat red or irritated for up to 48 hours after the procedure.

I understand that it is best not to apply anything to my skin except for sunblock for 3 hours after the procedure.

I have received complete instructions on my pre and post-procedure protocols.

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT FORM, THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO DISCUSS ALL MY QUESTIONS, AND I HAVE RECEIVED SATISFACTORY ANSWERS. I HEREBY CONSENT TO THE MICRODERMABRASION TREATMENT.

Name

Date