



MICRODERMABRASION CONSENT

I give permission to Skin Serenity Spa, to perform the microdermabrasion procedure we have discussed, and will hold harmless from any liability that may result from this treatment. I understand every precaution to minimize or eliminate negative reactions such as blisters, sore, or other reactions, as much as possible will be taken.

I have not had any facial surgical procedures, chemical peels, or skin treatments that I have not disclosed to my esthetician. I am not ingesting or using topically any over-the-counter product or prescription medication/agent that has not been disclosed to my esthetician.

I agree that I am willing to follow post care instructions. I acknowledge that I have been informed of the possible negative reactions, and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin). In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will contact Skin Serenity Spa immediately.

I understand the potential risks, and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. 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.

Client Signature _____ Print _____ Date _____

Technician Signature _____ Print _____ Date _____