

BETA PEEL CONSENT FORM

I, _____ **consent to the treatment known as a Salicylic acid peel.** I understand the treatment, and I have had an opportunity to ask questions. I understand the effect and nature of the treatment, as well as possible alternatives. I am advised that though good results are expected, they cannot and are not guaranteed to be effective nor can there be any guaranteed against unwanted results.

The procedure may cause my skin to appear somewhat pink and flaky like a mild to moderate sunburn. During and after the procedure, the following may occur: stinging, itching, burning, mild pain, tightness, peeling and scabbing of the superficial layer of the skin. These sensations will gradually diminish over the course of the week as the skin returns to its normal appearance. However, some patients react differently. Although rare, the skin may be uncomfortable and look like a very bad sunburn. The peeling usually lasts about 3-7 days, although it may last longer. This is a rare incident of scarring.

I have a copy of post-beta peel instructions and have reviewed and agreed to follow them as a requisite of the treatment.

I consent to indicating below all medications I am currently taking, or have taken in the last seven days.

Please list below:

I have read and understand the above and I now authorize technician perform a salicylic acid peel. This consent is a serial consent for all peels in 12 months from date below.

Signature of Patient or legal guardian: _____

Date of procedure: _____

POST INSTRUCTIONS FOR BETA PEELS AND MICRODERMABRASION

For the next seven days or so, your skin will shed its outer layer. You may not be able to see the peeling, but when visible, the peeling begins 2-4 days after the treatment and lasts for 3 days. In addition, you may feel some mild tightness, or itching. To achieve the BEST RESULTS from the treatment, follow these instructions.

1. Apply recommended moisturizer for two x a day for 3 days or as often as needed.
2. Do not use any prescription strength topical cream on your skin before this date _____
3. If you plan to be outdoors, apply sunscreen with **AT LEAST** a SPF#30. Avoid prolong sun exposure between 10am and 3pm, when the sun's rays are the strongest.
4. When washing your face, do not scrub with a washcloth. Use a gentle soap less cleanser. If you do not have one, please tell your Esthetician so she may suggest one for you.
5. **DO NOT PICK OR PEEL OR SCRATCH** the treated area, Scarring can occur.
6. Do not have any other facial treatments for at least 7 days after the treatment indicated above.
7. If you have any questions please call our office at **630.953.1190** or Dana on her cellular phone in case of serious issue. **630.263.5595**

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MICRODERMABRASION PATIENT CONSENT FORM

Microdermabrasion is a technique involving the combination of vacuum-like suction and crystals that exfoliate the surface of the skin. This treatment results in a very gentle resurfacing of the most superficial layer of the skin. Microdermabrasion softens and brightens the appearance of treated skin. It is best when performed as a series of treatments. Although microdermabrasion is effective in most cases, there are no guarantees that all patients will benefit from this treatment.

The risks of the procedure include, but are not limited to, the following:

1. Pain. Microdermabrasion may produce a discomfort during the treatment, and has a mild scratching sensation. All settings are adjustable so please let your practitioner know.
2. Bruising and/or redness of the skin. Microdermabrasion may cause bruising and/or redness of the skin in the treated area. Redness of the skin after this treatment is very common and usually subsides within several hours-although it may persist for a few days. Tiny red bruises (called petechiae) may form in a few areas and may persist for several days. These tend to be linear and appear to be "scratches" without an actual break in the surface of the skin.
3. Skin darkening (hyper pigmentation). This may occur more commonly among patients who have a suntan at the time of treatment or in those with an olive or darker skin tone. However, this is a very unusual consequence of microdermabrasion. In fact, many practitioners who treat blotchy pigmentation of the skin use this procedure. Resolution of unwanted darkening of the skin will lighten by the use of prescribed bleaching creams and strict sun protection including sunscreen use.
4. Infection. Skin infection following microdermabrasion may very rarely occur-particularly in patients with a strong history of cold sores, herpes virus infections in the treated areas.
5. Allergic skin reaction. It is possible that an allergic reaction to a topical cream used as a part of the treatment plan before, during, or after the procedure may occur. This generally involves redness and itching of the skin, which resolves when the use of the cream stopped. A topical steroid (such as hydrocortisone) will speed the resolution of an allergic reaction.
6. Harmful eye exposure to microdermabrasion crystals. It is important to keep your eyes closed and wear the eye shields applied to your eyes during this treatment. The adhesive eye shields provided for you prevent accidental exposure to the crystals.
7. Partial or complete lack of response. Although microdermabrasion is successful in many cases, there are no guarantees regarding the outcome of treatment for any individual patient. In most cases, multiple treatments are required to achieve the best possible results.

BY PROVIDING MY SIGNATURE BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE INFORMATION WRITTEN ABOVE. I AM AWARE OF ALTERNATIVE TREATMENT OPTIONS AND THE RISKS OF THE PROPOSED PROCEDURE. I WILL FOLLOW THE POST-PROCEDURE CARE INSTRUCTIONS GIVEN TO ME. I UNDERSTAND THE ELECTIVE NATURE OF THIS PROCEDURE. I ALSO AUTHORIZE THE TAKING OF CLINICAL PHOTOGRAPHS FOR POTENTIAL USE IN MY MEDICAL RECORDS, FOR RESEARCH, AND OR MEDICAL EDUCATIONAL PURPOSES. I HEREBY FREELY CONSENT TO UNDERGO MICRODERMABRASION.

This is a serial consent valid for performed treatments within 12 months of the date noted below.

Patient/Guardian Signature: _____ **Date:** _____