Associated Skin Care Specialists

Consent for Microdermabrasion and/or Chemical Peel Consent

PATIENTS WHO SHOULD NOT BE TREATED:

- Patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, dermatitis or inflammatory rosacea in the area to be treated. Inform the aesthetician if you have history of herpes simplex (cold sores).
- Patients with a history of allergies (especially allergies to salicylates (aspirin, hydroquinone, or phenol), rashes, or other skin reactions, or those who may be sensitive to any of the components in this treatment.
- Patients who have taken Accutane (Isotretinoin) within the last year.
- Patients who are pregnant or lactating (breastfeeding).
- Patients who are currently undergoing chemotherapy or radiation therapy.
- Patients with vitiligo.
- Patients with a history of an autoimmune disease (such as rheumatoid arthritis, psoriasis, lupus, multiple sclerosis, etc.) or any condition that may weaken their immune system.

I clearly understand and accept the following:

- I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section.
- As with all cosmetic procedures, the goal with microdermabrasion and/or chemical peeling is improvement, not perfection, and the number of treatments necessary is dependent on several factors including but not limited to: procedure type, condition being treated, area being treated, tan and skin color.
- I understand there may be more treatments necessary than I anticipated.
- I understand there may be no improvement and another form of treatment may be required.
- There are a number of reasons why a patient may not have peeling or may experience minimum peeling. The reasons may include: having peels regularly with a short interval between peels, frequent use of Retin-A, alpha hydroxy acids, or other peeling agents prior to the exfoliating treatment, and severe sun damage.
- I agree to refrain from tanning (in tanning booths or in natural sunlight) while I am undergoing treatment.
- I understand that direct sun exposure following a treatment may result in skin discoloration.
- I understand that the use of sun protection with a minimum of SPF 30 is mandatory.
- I understand that there may be some degree of discomfort during and after the procedure. Common discomfort includes: stinging, pin-pricking sensation, and heat in the treated areas.
- I received a copy of post-treatment instructions and agree to follow instructions carefully to minimize risk of side effects.
- I understand the fee at the time of service is for that procedure only. There will be a charge for all subsequent procedures. Refunds will not be given if the desired result is not achieved or maintained.

ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR TREATMENT: It is common and expected that your skin will be red, possibly itchy, and/or irritated after receiving a treatment. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having an exfoliation: skin breakout or acne, burning, swelling, rash, and skin discoloration (which may last several months or more).

Call the office immediately if you have any unexpected problems after the procedure. 763-416-2380

By my signature below, I acknowledge that I have read this consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with this chemical peel treatment.

Patient Signature_______________________________________Print Name______________________________Date____________

Parent Signature/
Guardian Signature_____________________________________Print Name______________________________Date____________

Patient Signature_______________________________________Print Name______________________________Date____________

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