



Unique Face Options, Inc.

Microdermabrasion Client Informed Consent Form

Please initial by the X:

I acknowledge having been informed that this cosmetic procedure is intended to remove damaged surface skin to improve the vitality of the skin. X _____

I understand that my skincare professional can discover other, or different conditions that may require additional or different procedures than those planned. If my skincare professional discovers such conditions I will be referred to the appropriate medical care provider. X _____

I acknowledge that, while the goal of such a procedure is the removal of damaged skin, the practice of esthetics is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients are more improved than others. However, a series of six (6) to ten (10) initial treatments on a weekly basis is recommended to increase your chances of achieving the very best results. Maintenance treatments are recommended every 4 to 6 weeks thereafter. X _____

The cost of these treatments/series was disclosed prior to the first treatment. X _____

I also realize that the following risks and hazards may occur as a result of having this procedure; worsening or unsatisfactory appearance, creation of additional problems such as: poor healing or skin loss, nerve damage, painful, unattractive scarring, or recurrence of the original condition. X _____

I have been advised that I must use sunscreen of SPF 25 or greater at all times throughout the course of treatment. I must also wait at least 24 hrs. before applying acne medications, glycolic-based products, using depilatories and I should avoid the sun during this time. X _____

I have been informed that there are risks such as loss of blood and infection that are attendant to the performance of any exfoliation procedure. X _____

I have been advised of alternative methods available for my treatment, which includes acid peels and laser skin resurfacing. X _____

I acknowledge my obligation to follow the instructions covering my pre and post treatment skincare regimen. X _____

I have received a thorough explanation of my pre-exfoliation and post-exfoliation instructions. I understand these instructions and have received copies for reference. I understand that should I have additional questions, I should not hesitate to call. X _____

I certify that I have read the above consent and I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the Microdermabrasion procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. X _____

I _____ give my permission to Unique Face Options, Inc. and it's service providers to perform the Micro Dermabrasion procedure on me.

Client's Signature: _____ Date: _____

Aesthetician Signature: _____ Date: _____

