



Consent for Microdermabrasion

1. I understand the purpose of Microdermabrasion is to help improve the vitality and texture of my skin through superficial removal of dead skin cells.
2. I understand that other procedures and home topicals may be advised in conjunction with Microdermabrasion to obtain best results.
3. I understand that Microdermabrasion is a cosmetic procedure that is not an exact science and that no guarantee of outcome can be made.
4. I understand that although rare, certain risks or complications could occur but are usually treatable and temporary, such as hyper-pigmentation (darkening of the skin), hypo-pigmentation (lightening of the skin), and scarring. Following all post procedure instructions will help avoid conditions. (See Post Instruction).
5. I acknowledge that if I am prone to Herpes (cold sores, fever blisters) that I may need a prescription for Valtrex (acyclovir) from my physician prior to having Microdermabrasion. I need to avoid treatments during a breakout.
6. I give my permission for photos to be taken for the purpose of tracking my treatments.
7. I acknowledge that I have not used Accutane during the last 6 months.
8. I acknowledge that I should avoid the use of skin lighteners and amino acid glycolic Retin-A type products the day before, day of, and 1-3 days following treatment.
9. I fully understand all of the above. All questions have been answered and I give my permission for Microdermabrasion treatment.
10. Please be aware that increased skin sensitivity may occur if you are taking photosensitive medications at or near the time of treatment.

I hereby authorize Lowcountry Plastic Surgery Center to perform and assist in Microdermabrasion treatment. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian will also be required before treatment. I agree to have photographs taken of me to document the progress of my treatments. I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form, and I have been given written pre and post instructions, which I will adhere to regarding Microdermabrasion. My signature acknowledges that I am informed.

Patient/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____