



Consent for Peels, Exfoliation, Microdermabrasion and Microneedling

By initialing and signing this form I give consent for Rebecca Greenway to perform exfoliating treatments on my skin.

I understand the possible effects during and after the procedure, my skin may be red, have temporary pin point bleeding, swelling and be irritated. In the treatment area, discomfort, skin tightness and sensitivity may also be experienced. The initial side effects will diminish within a few hours following treatment and gradually over the next 24 hours . After 3 days, my skin should mostly feel back to normal.

Initial _____

I agree to take care of my skin as instructed and understand that I should not do the following for the amount of time instructed; be exposed to the sun and extreme temperatures, go into saunas or hot tubs etc. Use topical acids or retinol, no strenuous exercise for 3 days after my treatment.

Initial_____

Reasons not to receive this treatment include a history of keloid or raised scarring, herpes simplex, scleroderma, collagen vascular diseases or cardiac abnormalities, rosacea or blood clotting problems, active bacterial or fungal infections, immuno-suppression, scars less than 6 months old, and facial fillers used in the past 2 - 4 weeks. Some treatments are not recommended for patients who are pregnant.

If I have a history of herpes, cold sores, eczema, psoriasis or any other medical condition, I will let Rebecca know so the proper precautions can be taken.

Initial_____

I understand that results will vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome. The procedure and side effects have been explained to me, including alternative treatments. I understand the advantages and disadvantages of this procedure.

Initial_____

I am advised: though good results are expected, the possibility and nature of complications cannot be accurately advised; therefore, there can be no guarantee as expressed or implied either to the success or other result of the treatment.

I have had the opportunity to ask any questions about the treatment, including risks or alternatives, and I acknowledge that all my questions about the procedure have been answered to my satisfaction.

Client Signature_____Date_____