



## Chemical Peel, Microdermabrasion and Microneedling Consent Form

Chemical peel, microdermabrasion and microneedling are NOT a “cure-all” treatment, but for appropriate conditions, can improve the skin. It is very important that you have a thorough <Trina Logo Purple Rev 1.png> understanding of what a peel, MDA or microneedling can and can not do for your particular condition.

I, Trina (your name) voluntarily consent and authorize Salon/Spa Top to Bottom Laser & Skin Care to perform a chemical peel, microdermabrasion or microneedling treatment on my face or body part in order to treat the following conditions:

The Chemical Peel, MDA or microneedling treatment was explained to me by the esthetician/technician. \_\_\_\_\_

I understand that the degree of improvement I can expect to see is dependent on many variables, and therefore cannot be guaranteed. Additionally, I understand that good home care and adherence to ALL instructions is vital to ensure my best results. \_\_\_\_\_

I understand that this is a program of treatment, and that I may need several treatments in order to achieve my best results. \_\_\_\_\_

I understand that I can have 1-2 minutes of stinging or burnning, during and/or immediately after the chemical peel has been applied or longer with certain peels. \_\_\_\_\_

I have not received any chemical hair treatments (permanent wave, straightening relaxers, coloring or bleaching) several days prior to this service. \_\_\_\_\_

I do not suffer from HN, Hepatitis, herpes simplex (cold sore) infections or facial warts. \_\_\_\_\_

I have informed the technician/esthetician if I suffer from diabetes. \_\_\_\_\_

I am not currently undergoing chemotherapy, radiation treatments or using anti-cancer drugs at this time. \_\_\_\_\_

I do not have permanent tattooed makeup (eyeliner, brow liner, lip liner), or I have notified the technician or esthetician about that. \_\_\_\_\_

I also understand that use of tanning beds and or sun exposure without a sunblock (min SPF 25) between peel/MDA or microneedling treatments will nullify the results achieved and can cause sun burns. \_\_\_\_\_

I have been advised to avoid or discontinue the following treatments for atleast 5 days prior and 3 days after the treatment: hydroquinone, retinoic/salicylic/glycolic acid/alpha and beta hydroxy acid products. \_\_\_\_\_

I understand that if I am taking ACCUTANE or any generic equivalent, my treatments will be postponed for atleast 6 months. \_\_\_\_\_

I have disclosed all medication I am taking: yes \_\_\_\_\_ no \_\_\_\_\_ Initial \_\_\_\_\_

I have been informed that if I have a history of cold sore, I should be on an oral prophylactic anti-viral agent for 2 days before and 3 days after the treatment to minimize the risk of herpes outbreak. \_\_\_\_\_

I have been informed about possible effects of the treatment like: local swelling, stinging, tenderness, flaking, peeling, lightening or darkening of the skin, mild to moderate redness. Those effects could last for two to seven days after the procedure. \_\_\_\_\_

Although complications are rare, they can occur nevertheless. It is extremely important that you follow instructions exactly and that you notify your Esthetician/Technician as soon as possible if you experience the above effects for more than ten days after the procedure. \_\_\_\_\_

I am not pregnant at this time and I will inform my technician/esthetician as soon as I know that I am pregnant or in doubt to be pregnant. I understand that in the event I become pregnant, my treatments will be suspended and may resume after delivery. \_\_\_\_\_

I have read and understand the Pre and Post Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with pre and post procedure guidelines are crucial for healing, prevention of scarring, side effects and complications listed above. \_\_\_\_\_

I waive any and all claims (including claims of injury, pain, suffering or other personal loss or damage), that I may or in the future have against that release and forever discharges Salon/Spa: Top to Bottom Laser & Skin Care from all liability and all actions, causes of action, suits, contracts, claims and demands, whatsoever which I may have against Salon/Spa: Top to Bottom Laser & Skin Care or any other directors, officers, employees, technicians, or representatives of Salon/Spa: Top to Bottom Laser & Skin Care.

I certify that I read the above Consent Form and waiver for Chemical Peel/Microdermabrasion/Microneedling treatments and I fully understand the procedure, as explained to me by my technician/esthetician, the inherent potential risks, complications and results, and I accept full responsibility for these and any other complications which may arise or result during the treatments (procedures) which are being performed at my request according to this consent for chemical Peel/Microdermabrasion and Microneedling. \_\_\_\_\_

I certify that I am a competent adult at least 18 years of age. If I am a minor under 18 years of age, I understand that the consent of my parent/legal guardian will also be required before the treatment. \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**If the client is under 18 years of age:**

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you!