

HydraFacial Informed Consent Form

Please read and initial each of the statements below :

I have voluntarily elected to receive a HydraFacial after the nature and purpose of this treatment have been explained to me .

I understand that a HydraFacial is a type of hydradermabrasion procedure that includes cleansing ,exfoliation ,extraction ,hydration ,and antioxidant protection .

I understand that the HydraFacial can be used to diminish the appearance of fine lines and wrinkles ,improve texture /tone ,reduce pore size ,increase hydration and moisture retention ,and give skin a smoother appearance .

I understand that I will likely see results immediately after treatment and my skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results .

I also recognize there are no guaranteed results and that independent results are dependent upon age ,skin condition ,and lifestyle ,and that there is a possibility may require further treatments of the treated areas to obtain the expected results at an additional cost .

I understand that I may experience tingling and stinging in the treatment area ,but that these sensations are normal and generally subside within a few hours .

I understand that my skin may experience temporary irritation ,tightness ,or redness ,following this procedure but these are all normal reactions that typically resolve within 72 hours .

I understand that after treatment ,my skin will be more susceptible to sunburn and sun damage . I understand that it is important that I avoid excessive sun exposure and use a minimum of SPF 30 sunscreen .

I have read and understood the post -treatment home care instructions .I understand how important it is to follow all instructions given to me for post -treatment care .In the event that I may have additional questions or concerns regarding my treatment or suggested home product /post -treatment care ,I will consult the esthetician immediately .

I understand that must avoid the use of aggressive exfoliation ,waxing ,and products containing glycolic acids or retinol that are not part of the recommended take -home regimen in the treated areas for a minimum of 2 weeks pre and post treatment.

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I have also ,to the best of my knowledge ,given an accurate account of my medical history , including all known allergies or prescription drugs or products I am currently ingesting or using topically .

I have read and fully understand this agreement and all information detailed above . The information provided has been explained to me and all my questions have been answered to my satisfaction . I understand the HydraFacial procedure , accept the risks , and consent to have the treatment done . I agree I will assume the risk and full responsibility for any and all injuries , losses , side effects , or damages that might occur to me while I am undergoing this procedure . I do not hold the esthetician , whose signature appears below , responsible for any of my conditions that were present ,but not disclosed at the time of this skincare procedure , which may be affected by the treatment performed today . This consent form is valid for all future HydraFacial treatments . I will alert the staff if there are any future changes to my medical history .

