



Microdermabrasion Informed Consent

Patient Name	:	Reshma Reshma	Emirates ID	:	111-1111-1111111-1
File No	:	14	DOB	:	2019-07-24
Gender	:	Female	Doctor's Name	:	Doctor Vision
			Date	:	2023-12-04

Microdermabrasion is an appropriate treatment for early sun damage, skin discoloration, and acne. The overall goal is to provide satisfactory treatment for the reduction or elimination of your skin condition.

Please initial:

- ☐ I understand that there may be some degree of minor discomfort, i.e., scratchiness, may occur during treatment.
- ☒ I understand that 2-3 days following treatment my skin may peel or become flaky.
- ☒ I understand that my skin may be red and feel like it has been sunburned or wind burned for 2-3 hours following treatment. Occasionally, some pinpoint bruising may occur which will fade within 7-10 days.
- ☒ I understand that to achieve maximum results I may need multiple treatments occurring at 2-4 week intervals.
- ☒ I understand that this treatment causes sensitivity to sun exposure for about 5 days and a daily sunscreen with an SPF 30 or higher is recommended.
- ☒ I acknowledge that I have read the above and all of my questions have been answered to my full satisfaction. I understand that my physician has made no guarantees to me about the results of this procedure and accept the risks of possible complications and consequences.
- ☒ I agree not to hold the clinic, my physicians/ healthcare provider(s) responsible for the outcome of the treatment(s).
- ☒ I give my permission to allow Dr. Doctor Vision and such associate/ assistants to perform this treatment.
- ☒ I consent to allow this form to be valid for all subsequent microdermabrasion treatments for a period of 1 year from the date on this consent.

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Reshma Reshma Date 2023-12-04	Esthetician Name Doctor - Laser (DHA101) Date 2023-12-04