

## **HYDRAFACIAL MD CLIENT CONSENT FORM**

HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with little-to-no downtime. The treatment is soothing, moisturizing, non-invasive and generally non-irritating. As with most procedures, visible results from HydraFacial will vary from person to person.

### **What to expect:**

- Your skin may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on skin sensitivity.
- You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.
- Client experiences may vary. Some clients may experience a delayed onset of these symptoms.
- You will likely see results immediately after treatment and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.
- The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 40 sunscreen.

### **If you have any of the following\* please notify our staff:**

\*Saying yes does not preclude you from receiving treatments.

- Active acne or infection
- Open lesion or cold sore
- An active infection in the treatment area
- Active sunburn
- Skin conditions such as eczema, dermatitis, or rashes
- An autoimmune disease such as lupus
- A viral concern such as HIV or hepatitis
- Anticoagulants Therapy
- Melanoma or lesions suspected of malignancy
- Pregnancy or lactation
- Infection in the urinary system i.e. kidneys, bladder and urethra (Lymphatic drainage)
- Neurological disorders such as epilepsy (LED Lights)
- Crohn's Disease (Lymphatic drainage)
- Hyperthyroidism (Lymphatic drainage)
- Deep Venous Thrombosis (Lymphatic drainage)
- Lymphedema (Lymphatic drainage)

The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the HydraFacial treatment by the staff at Infinite Skin Aesthetic Medical Spa.

*By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. 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.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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