

Consent Form

Microdermabrasion Treatment

I _____ agree to the use of microdermabrasion procedure to be used on my skin by certified Ahhh staff.

The treatment has been explained to me and I understand the treatment is a light, safe, mechanical exfoliation program. It can be repeated weekly. The skin should be free of irritation at the beginning of each treatment.

I have been given ample opportunity for discussion and all of my questions have been answered to my satisfaction.

The microdermabrasion procedure will remove surface layer skin cells and stimulate the production of new, fresh cells and collagen. It is a non-invasive, non-surgical procedure that will help to reduce the visible signs of aging.

I understand that most patients experience no adverse side effects whatsoever. Possible side effects may range from ultra-mild swelling and redness to mild peeling; all of which are temporary. I will contact my physician immediately if any of the side effects occur or persist.

I have read and understand the above and I now authorize the certified Ahhh staff member to perform a microdermabrasion treatment and/or service on me. I have been given a copy of the pre- and post-treatment instructions and agree to follow them as a requisite of the treatment.

Signature of patient or legal guardian

Signature of staff witness

Signature of physician

Date