



CONSENT FOR MICRODERMABRASION

Please, read the following statements and initial:

Microdermabrasion is an extensive exfoliation of the outermost layer of dry, dead skin.

After a treatment, your skin may temporarily feel tight as if you have been exposed to the wind or

I understand that my skin will be more sun sensitive in the areas treated and I will wear a sunblock. I will also avoid all tanning, including tanning beds.

Anytime Microdermabrasion is performed, there is a small risk of bacterial or viral infection, increased or decreased pigmentation, scarring, bruising, and/or bleeding.

I have informed Dr. Alan M. Gardner, or his aesthetician, if I have any history of fever blisters, have taken Accutane in the past 6 months or if I am using any blood thinning medications.

I have informed Dr. Alan M. Gardner, or his aesthetician, of any exfoliating products, prescriptions applied topically or taken orally, including retinols/Retin-A, AHAs, salicylic or glycolic acid, benzoyl peroxide, etc.

I have been advised that it will take approximately 6-12 treatments to see any improvement. In some instances, more treatments may be required. These treatments can be scheduled every 7-10 days.

I understand that results cannot be guaranteed. Most patients see improvement, but there are a small percentage of patients that may not see improvement or will be unsuccessful.

I understand that this procedure is for cosmetic purposes and that I will be responsible for all cost since it is not covered by my insurance.

I understand the procedure, accept the risks and request that this procedure be performed on me.

Please, sign below to indicate that you have read and understand the statements above:

By signing this consent form, I confirm I have read this consent form and the consent form has been explained to me in terms which I understand. I have had the opportunity to ask questions and receive answers regarding this procedure; I understand the risks associated with this procedure and have been told of any alternative treatments available and would like to proceed with this treatment today. I understand this is not a medically necessary procedure. The Power Peel Microdermabrasion is a

cosmetic procedure and is not covered by any health insurance plan. I accept responsibility for all costs associated with this procedure and agree not to submit this procedure to any health insurance plan.

PATIENT (PRINT) NAME: _____ **DATE:** _____

PATIENT SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____