MICRODERMABRASION INFORMED CONSENT

This form is designed to give you the information you will need to make an informed choice as to whether or not to undergo microdermabrasion. If you have any questions, please do not hesitate to ask. Although microdermabrasion is effective in most cases, no guarantee can be made that a specific patient will benefit from the treatment. Your signed consent is required before any procedure is performed. Your signature at the end of this form confirms that your esthetician has explained fully the procedure you will be undergoing and the possible, although unlikely, conditions that can be associated with it.

INTRODUCTION
Microdermabrasion projects a flow of inert crystals over the skin and abrades away epidermal tissue in the areas treated. It is done so precisely that normal surrounding tissue is hardly affected. Microdermabrasion is used to treat acne, acne and chicken pox scarring, fine lines and wrinkles, sun damage, scars, and skin irregularities.

SIDE EFFECTS, RISKS & COMPLICATIONS
These side effects do not occur in all patients. For example, patients who have a microdermabrasion peel for one small scar can expect very minimal side effects and will require less pre- and post-op care, while those having large areas treated are more likely to experience these effects:

- **Pain** - You may feel some discomfort when treatment occurs. The sensation has been described by some as “like a cat licking your face!” If the treatment is too uncomfortable, the power setting can be adjusted to make it more comfortable for you. After the procedure is done, a slightly “wind-burned” sensation may continue for 24-48 hours.

- **Healing Wound** - Microdermabrasion and rejuvenation, when done very aggressively to effect the most dramatic results, can cause a superficial to deep wound to the skin that takes time to heal. The initial healing phase of the outer layer of skin can result in weeping and crusting of the treated area that usually takes 3-5 days to heal. Once the surface is healed, it is pink for approximately 1-3 months and may be sensitive to the sun. As soon as the initial healing has taken place, the pink skin may be covered with makeup.

- **Pigment Changes** - The treated area may heal with increased pigmentation or dark spots. This occurs most often in darker pigmented skin following exposure to the sun. Some patients may have a predisposition to this type of reaction and may have noticed it with minor cuts, abrasions or acne lesions. Protecting treated areas from exposure to the sun for three months should minimize the risk, although some hyperpigmentation may occur in rare instances. Hyperpigmentation spots usually fade away in 3-6 months, and medication can be given to speed up this process. Though unusual, sometimes the hyperpigmentation changes can be permanent. In other rare instances, treated areas may lose pigmentation and not tan normally. This type of reaction occurs rarely with microdermabrasion and tends to fade away, although in unusual instances it could be permanent.
CONTRAINDICATIONS & PRECAUTIONS
Certain situations may increase the risk of adverse events or outcomes. The conditions below should be considered prior to undergoing microdermabrasion.

Medication and Past Procedures - I have given my esthetician a complete listing of my medical history. This history includes all current or recent medications (prescription or otherwise) taken, with dates of last dosages, and any and all previous procedures related to my treatment. I have also been complete in explaining any side effects or complications caused by these medications or procedures. I agree to provide a listing of my prescribing physicians and pharmacists upon request.

Pre- and Post-Procedure Directions - I agree to follow all directions relating to the treatment given to me by my skin care professional. These may include ceasing retinoid creams temporarily, obtaining approvals from physicians or pharmacists, ceasing certain forms of hair removal techniques, undergoing anti-viral or antibiotic therapy and following a therapeutic skin care regimen designed for me by my professional.

Cold Sores, HIV, and Herpes Simplex - I have been candid with my professional about these and related conditions. If deemed necessary, I will agree to begin anti-viral medication 3 days prior to treatment and follow the full course of the medication to prevent breakouts of certain conditions.

Accutane - If I have taken Accutane in the past, I have given the date of my last dosage. I understand that procedures discussed may need to be postponed if the last dosage was within 6-12 months prior to the scheduled appointment.

Diabetes, Clotting Disorders, or Blood-Thinning Medications - Because of possible clotting complications and/or bruising, I understand that I may not be a candidate for this procedure or that more treatments may be necessary to reach my desired results. I may be required to provide signed approvals from my physician(s) before my treatment series begins.

Pregnancy and Breast Feeding - If I am pregnant, breast feeding, or trying to conceive at this time, I may not be a candidate for parts of, or the entire, discussed treatments until a later date. If I insist on treatment during this time, I may be asked to present a release from my OB/GYN. My professional will discuss with me other options for my concerns.

Birth Control Pills and Hormones - I understand that there are certain hormones used in birth control pills or other therapies that may cause varying results from my treatments or certain conditions such as melasma. I also understand that following my professional’s advice on aftercare for my skin is of the utmost important for best results and minimization of any resulting conditions.

Tanning / UV Light Exposure - I understand that active tanning, whether by the sun or tanning bed, will compromise the quality of my skin health, healing and results. I have been instructed on the proper measures for sun protection by my esthetician and their importance to recovery and maintenance care.

Botox, Collagen, Dermal Fillers - Individuals who have undergone recent injections such as these, should refrain from microderm for 2-3 weeks after injection.
Surgical Procedures - I understand that I should not be treated on any area where surgery has been performed in the last 6 months without a signed approval by my physician.

Moles, Raised Lesions, and any Atypical Lesions. I understand that moles and any unidentified or abnormal lesions will not be treated. I agree to assess these areas for changes on a regular basis and seeks the advice of the correct professional if needed.

Guidance. I understand that my skin care professional is not a physician or dermatologist and therefore is unable to diagnose conditions. For questions regarding my general health or a specific condition, I must take the proper measures to be seen by the correct professional.

Assuredness. My signature confirms that I have brought up all questions and concerns to my skin care professional, who has addressed them fully and to my satisfaction.

Results. I understand that the practices of medicine and skin rejuvenation are not exact sciences and that results will vary among individuals. I acknowledge that no guarantee has been given to me concerning the exact results of this procedure.

Refusal. If for any reason I do not disclose pertinent information to, or follow the guidance of, my professional regarding pre- and post-treatment care, I am fully aware that my results may vary or be compromised.

ACKNOWLEDGEMENT & CONSENT TO TREAT
By signing below, I am acknowledging that I have read the foregoing, Microdermabrasion Informed Consent, and agree to comply with any and all pre and post-treatment instructions given to me. I hereby consent Options Wellness Center & Day Spa and their appropriately licensed staff to perform microdermabrasion. I have provided accurate and up to date medical information as requested of me. I am not aware of any medical condition or other reason that would prohibit me from undergoing such procedure. Lastly, I understand the results of microdermabrasion do vary, and no guarantee of specific results has been, or will be, offered or implied. Therefore, I hereby relieve this establishment, its owners, employees, and affiliates, and hold them harmless, from any liability involved in performing the microdermabrasion procedure and/or the use of the equipment thereof. This consent will remain active for future sessions or until revoked either by me in writing or by request of my Esthetician. I understand that I have a duty to provide updated medical and/or medication information, at all future sessions. If the patient is under the age of 18, a legal guardian co-signature is required below.

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