

INFORMED CONSENT AND RELEASE FORM

PowerDerm Kinetic Dermabrasion

CLIENT: _____

To our Clients: You have the right to be informed about the impact of certain medical and skin conditions that could preclude you from undergoing this procedure. This disclosure and release is simply our organized method of ensuring you have been thoroughly examined and informed, relating to factors you may or may not be aware of that might impact our decision to proceed.

Client Understandings:

- I have gone over and signed off on a thorough contraindication checklist with this skin care professional in order to establish whether there is any medical or skin condition that would preclude (contraindicate) engaging in this procedure. I am not precluded from having this procedure. INITIAL _____
- Although the results are usually dramatic, I have been informed that results will vary because of variations in skin type, tone, condition, age, or prior procedures, and because this is not an exact science. I am willing to undergo this procedure without any expected results, since no guarantee can be made, and the results can be subjective. No guarantees, verbal or written have been made concerning the results. INITIAL _____
- The most potential complications are slight swelling and/or abrasions at the treatment site. I have been advised of the risks involved in such a procedure, the expected benefits, and alternate methods to address my skin conditions, including no treatment, procedure, or action, as an option. INITIAL _____
- I understand that I may need several successive procedures to attain the cosmetic condition that I desire. I have been advised of what, how many, and how often would constitute a program of treatments for my circumstances. INITIAL _____
- I hereby consent to the Kinetic Dermabrasion Treatment. This constitutes the full disclosure and supersedes any previous verbal or written disclosures regarding this type of treatment. INITIAL _____
- I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions. INITIAL _____

Staff Signature

X

Patient Signature

Date