



About micro-dermabrasion and peel treatment

This document describes what you need to know before and after receiving microdermabrasion or peel treatment. We use only licensed cosmetologists and estheticians to perform this treatment and provide any follow-up care required. Should you have any unanswered questions, our staff can answer them at your in-person consultation.

Before treatment

What does it do?

The microdermabrasion treatment removes dead skin and blemishes. The peel treatment improves skin texture and reduces blemishes, acne outbreaks, and the appearance of fine lines.

Our goal with these treatments is to improve the appearance of your skin. Results will vary from person to person. We cannot guarantee how long the results will last, how much of an improvement there will be, or how painless the treatment will be.

What does it not do?

Microdermabrasion and peel treatments do not help with impetigo, inflamed eczema, herpes simplex, severely distended capillaries, dermatitis, questionable lesions, and sunburns.

Who should not receive this treatment?

Within the past 5 days, have you used Botox® injections, dermal fillers, retinoic acid products, or any alpha or beta hydroxy acid products? If so, we will not perform this treatment on you and recommend that you wait until 5 days have passed.

Within the past 12 months, have you used Accutane or any other medication that makes people sensitive to sunlight? If so, we will not perform this treatment on you and recommend that you wait until 12 months have passed.

What risks are involved?

What problems might I experience?

Should you experience any problems following your treatment, we can advise and treat you. Our esthetician can answer any questions you might have at your in-person consultation.

Skin condition changes: Some people experience reddening, swelling, stinging, tenderness, flaking, peeling, mild burning, temporary bruising, or blistering. Some people experience a change of skin color, either darkening or lightening. These conditions usually go away between 2 to 7 days.

What else do I need to know?

1. Let our esthetician know of any medications you are using. In particular, let us know if you use

any medications that prevent clotting of blood. (These are also known as anticoagulants.)

2. The effectiveness of the treatment varies from person to person, and you might need more than one treatment session to achieve the desired results.
3. This treatment can destroy skin lesions, thus preventing laboratory analysis of a lesion. Ask our esthetician if you suspect any skin lesions might benefit from a lab analysis before this treatment.

About your appointment

Your safety comes first. If at any time we discover that our equipment is not in proper, working condition, we'll kindly ask for your understanding and ask you to reschedule your appointment.

Understanding and accepting the risks

Confirm the following statements:

1. I am signing this document before being treated at Recharge Medical.
2. This procedure or treatment, including anticipated benefits, material risks, and alternative therapies, has been explained to me or my legal representative.
3. All my questions regarding this treatment have been answered satisfactorily.
4. I have read and understood the information provided above and the information provided to me in person by the staff.
5. I accept all risks involved in this treatment.
6. I release Recharge Medical and its agents from all liability associated with this treatment.
7. I have shared all information about me requested and discussed above.
8. I understand that skin treatments are not a replacement or substitute for medical examination, diagnosis, or treatment.
9. I understand that skin treatment estheticians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given will be construed as such.
10. I agree to tell my esthetician of any future changes in my medical profile, medications, topical products, and issues related to my skin treatment.
11. Following this procedure I agree to follow the instructions in the aftercare treatment plan I am given.

Wait to sign and date below until one of our staff members watches you do so.

Printed name of client

Signature of client or client's legal guardian

Date and time

Printed name of provider

Signature of provider

Date and time