



MICRODERMABRASION CLIENT CONSENT FORM

Microdermabrasion is a non-invasive cosmetic procedure that involves the use of a handheld device to exfoliate the outer layer of the skin. It helps to improve skin texture, reduce the appearance of fine lines, wrinkles, hyperpigmentation, and acne scars. The treatment may cause temporary redness, sensitivity, or mild discomfort.

I have been fully informed about the microdermabrasion treatment, including its purpose, benefits, and potential risks. I understand that the treatment is elective and that there are alternative treatments available. I acknowledge that no guarantees or warranties have been made regarding the results of the treatment.

I understand that there may be a slight risk of complications or adverse reactions, such as skin irritation, temporary redness, bruising, or infection. In rare cases, there may be pigmentation changes or scarring. I agree to inform the esthetician immediately if I experience any unusual or adverse reactions during or after the treatment.

Please check the circle and sign below to confirm your understanding:

- I understand the importance of following the post-treatment instructions provided by the esthetician, which may include avoiding sun exposure, excessive heat, harsh skincare products, and following a recommended skincare routine.
- I release the esthetician and the salon from any liability regarding any complications, issues, or dissatisfaction that may arise from the microdermabrasion treatment.

CLIENT NAME (PRINTED)

CLIENT NAME (SIGNATURE):

DATE:

ESTHETICIAN (PRINTED):

ESTHETICIAN (SIGNATURE):

DATE: