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MEDICAL SPA & LASER CENTER

JET PEEL & MICRODERM CONSENT

JET PEELS AND ORGANIC MICRODERMABRASION ARE NOT A "CURE ALL" TREATMENT. HOWEVER, FOR CERTAIN SKIN CONDITIONS, JET PEELS AND MICRODERMABRASION CAN PROVIDE MARKED IMPROVEMENT IN THE APPEARANCE OF ONE'S SKIN. IT IS VERY IMPORTANT THAT YOU HAVE A THOROUGH UNDERSTANDING OF WHAT JET PEELS & MICRODERMABRASION CAN AND CANNOT DO FOR YOUR PARTICULAR SKIN CONDITION. IN ADDITION, IT IS IMPERATIVE THAT YOU ACKNOWLEDGE THE POTENTIAL RISKS ASSOCIATED WITH JET PEELS AND MICRODERMABRASION.

BEFORE UNDERGOING A JET PEEL OR MICRODERMABRASION, CAREFULLY READ THE FOLLOWING STATEMENTS.

INITIAL_____ I UNDERSTAND THAT THE PRACTICE OF SKIN CARE IS NOT AN EXACT SCIENCE, THEREFORE RESULTS CANNOT BE GUARANTEED. I ACKNOWLEDGE THAT NO GUARANTEE HAS BEEN GIVEN TO ME AS THE CONDITION OF MY SKIN OR DEGREE OF IMPROVEMENT EXPECTED FOLLOWING TREATMENT.

INITIAL_____ I UNDERSTAND THAT MULTIPLE TREATMENTS AND THE USE OF HOME CARE PRODUCTS ARE REQUIRED TO ACHIEVE OPTIMAL RESULTS. I WILL FOLLOW THE HOME CARE REGIMEN SPECIFICALLY DESIGNED FOR ME WITHOUT CHANGING OR ADDING ANY PRODUCTS. I UNDERSTAND THAT IF I EXPERIENCE ANY ADVERSE SIDE EFFECTS THAT APPEAR TO BE ATTRIBUTED TO MY USE OF HOME CARE PRODUCTS, I WILL DISCONTINUE USE OF THE PRODUCTS AND NOTIFY THE OFFICE IMMEDIATELY.

INITIAL_____ I UNDERSTAND THAT THE JET PEEL AND MICRODERMABRASION NEED NOT BE ADMINISTERED BY A MEDICAL PHYSICIAN. IT IS ALSO MY UNDERSTANDING THAT AN ESTHETICIAN, RN OR LPN MAY ADMINISTER JET PEELS AND MICRODERMABRASION AFTER APPROPRIATE TRAINING.

INITIAL_____ I UNDERSTAND THAT THERE ARE POTENTIAL RISKS AND COMPLICATIONS THAT MAY REQUIRE FURTHER TREATMENT. THESE INCLUDE BUT ARE NOT LIMITED TO: DISCOMFORT, CHANGES IN PIGMENTATION, SWELLING OF AREA TREATED, SCARRING, REDNESS, BLISTERING, ABRASIONS, INFECTION, BRUISING, AND ITCHING.

INITIAL_____ I AGREE TO FOLLOW ALL POST-MICRODERMABRASION OR JET PEEL INSTRUCTIONS.

I HEREBY DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT. I HAVE BEEN FULLY INFORMED REGARDING ASSOCIATED RISKS OF JET PEEL OR MICRODERM TREATMENTS. ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

PATIENT SIGNATURE..... **DATE**.....