

VISUAL CHANGES INFORMED CONSENT

This consent is designed to give you the information you need to make an informed choice on whether or not to undergo a _____ . This procedure is very effective. The Doctor, Aesthetician and/or one of their assistants will attempt to obtain optimum results. However, no guarantee can be made that you as an individual will benefit from the treatment.

You have both the right and obligation to make decisions concerning your skin care. Your Doctor, Aesthetician and/or one of their assistants can provide you with necessary information and advice. However, you must enter into the decision making process. This consent has been designed to acknowledge your acceptance of the treatment recommended by your Doctor, Aesthetician and/or one of their assistants.

I understand that unsatisfactory or inadequate improvement, chemical reactions and/or unforeseen complications may arise as a result of this procedure. I acknowledge that no warranty or guarantee has been made to me of a result or cure. I understand that additional procedures may be required to achieve optimum results. _____

I understand that during the course of the procedure or other procedures, unforeseen conditions may become apparent which require an extension of the original procedure or a different procedure from that described here within this consent. I therefore authorize the Doctor, Aesthetician and/or one of their assistants to perform such procedures as they, in the exercise of their professional judgment, deem necessary. _____

I have been informed that most people suffer no adverse side effects. However, no guarantee can be made that I will not. The following is a list of potential side effects that may result from the use of the procedure such as, but may not be limited to the following: (a) Eye injury. If chemicals get into the eye, scarring and vision disturbances may occur. We will use protective eye coverings for this reason. (b) Erythema (skin redness) is usually minimal and short in duration. (c) Edema (swelling) is usually very minimal, short lived and observed mostly at extraction sites. (d) Scabbing and peeling is usually superficially mild and short in duration. I understand that picking at scabs or pulling off skin is contraindicated and could result in scarring, therefore I agree not to. (e) Infection may occur but is extremely unlikely. (f) An outbreak of herpes may occur in virus carrying individuals. It is recommended that you ask your physician for medication to suppress such an outbreak. (g) Scarring is very unusual but may occur. (h) Pigmentation and/or texture changes, although extremely rare, may temporarily or possibly permanently occur. (i) Demarcation refers to the difference in pigmentation and/or texture that may occur at the junction between treated and non-treated skin areas. (j) Blemishes such as moles, blood vessels (telangiectasia), freckles and sun spots may become more obvious and darker after the procedure since layers of dead skin have been removed. (k) Milia (white heads) may occur but will usually disappear quickly. (l) Hair growth. If dermaplaning is administered, hair is expected to grow back blunt-ended. New hair will not appear darker or denser; however, I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern and cause a darker and denser restoration process. (m) An allergic reaction to topical skin preparations may occur. I have read the above. I understand the above and accept the potential risks. _____

I am not currently using Accutane. I have not used Accutane in the past 12 months. I understand that my use of Accutane during these procedures or within 12 months of these procedures puts me at a higher risk for skin complications, therefore I agree to inform my Doctor, Aesthetician and/or one of their assistants immediately should I start using Accutane. _____

I understand that I am not to use Retin-A or any other form of Retinoic Acid or any other skin exfoliant, whether mechanical or chemical, including but may not be limited to glycolic acid, 1 week prior or 1 week after the procedures unless otherwise recommended by my Doctor, Aesthetician and/or one of their assistants. _____

I understand that I should avoid ultraviolet light because of potential skin reactions and must adhere to daily sunscreens recommended by my Doctor, Aesthetician and/or one of their assistants. _____

I am not pregnant or lactating and understand that these procedures are not advised for pregnant or lactating women due to potential health problems. I therefore agree to inform my Doctor, Aesthetician and/or one of their assistants immediately should these conditions change. _____