

*AME salon and spa*

**CONSENT FORM**

**Mega Peel Microdermabrasion Treatment**

- HAVE YOU USED RETIN-A,ALPHA-BETA PEELS, HYDROQUINONE (skin lightener) IN THE LAST 7 DAYS? \_\_\_\_\_
- HAVE YOU USED ACCUTANE IN THE LAST 6 MONTHS? \_\_\_\_\_
- HAVE YOU HAD PHENOL OR TCA PEELS WITHIN LAST 2 YEARS? \_\_\_\_\_
- ARE YOU PREGNANT? \_\_\_\_\_
- ARE YOU PRONE TO FEVER BLISTERS? \_\_\_\_\_
- HAVE YOU HAD ANY INJECTABLE FILLERS OR BOTOX IN THE LAST 7 DAYS? \_\_\_\_\_
- HAVE YOU HAD IPL OR MICRODERMABRASION IN THE LAST 7 DAYS? \_\_\_\_\_
- ARE YOU TAKING ANY BLOOD THINNING MEDICATIONS OR SUPPLEMENTS? \_\_\_\_\_
- HAVE YOU HAD ANY FACIAL SURGERY IN THE LAST 4 WEEKS? \_\_\_\_\_

*I have been candid in revealing any condition that may have a bearing on this procedure.*

*I understand there may be some minor scratchiness, itchiness and the possibility of some redness.*

*I understand that to achieve "maximum" results, I will need 4 to 8 ongoing treatments over a period of time.*

*I understand that the homecare my Esthetician recommends should not be changed or other products added to it without consulting my Esthetician first.*

*I agree to all of the above to have microdermabrasion performed on me and will follow all recommendations for post microdermabrasion care.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_