

DiamondTome™ Microdermabrasion

Client Consent Form

I, _____ authorize Dr. Michelle Naegele to perform
(Client's Name)

microdermabrasion exfoliating procedures on the following indicated areas of my body:

Face Neck Décolleté Hands Other _____

The nature and effect of the treatment to be performed and the risks involved have been explained to me and are acceptable.

- I have removed my contact lenses.
- I am not taking Coumadin, Heparin or any blood thinning drug, prescription or herbal.
- I do not suffer from herpetic outbreaks, undiagnosed lesions, weeping acne, warts, active rosacea, unstable diabetes and autoimmune system disorder, which are all contraindications for this procedure.
- I have discontinued collagen injections, waxing, electrolysis and depilatories during the period of these treatments, and for seven days after their conclusion.
- I have discontinued Accutane usage at least twelve months prior to treatments, and will do so during the treatment period.
- I have discontinued use of retinol and AHA three days prior to treatment, and will not resume retinol and AHA use for three days following each treatment.
- I acknowledge and accept that I may experience some of the following side effects, including but not limited to: dry skin, peeling, redness, tingling, skin color changes and skin swelling and tenderness.
- I understand that I should not tan for three days after each treatment and I should use SPF 30 or higher sunscreen during that three-day period while exposed to direct sunlight.

Client's Signature _____ Date _____

Address _____

City, State, Zip _____ Phone _____

Physician's Signature _____ Date _____