**IADVL- Academy**

**SIG (Special Interest Group) Aesthetics 2020-21**

**CONSENT FORM FOR MICRODERMABRASION**

(Please acknowledge the source when using this consent form)

Mr/Mrs./Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the PROCEDURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**Procedure Details:**

 **I HAVE BEEN INFORMED IN THE LANGUAGE I BEST UNDERSTAND THAT**

A microdermabrasion treatment can be used to diminish the appearance of fine lines and wrinkles, improve texture/tone, reduce pore size and give skin a smoother appearance. Microdermabrasion machine is moved over the concerned treatment area with application of a vacuum with or without microcrystalline powder. Microcrystalline powder used is usually of inert substances which are highly safe, non-allergenic and effective. Multiple treatments are performed in order to obtain optimal results spaced 2-6 weeks apart. Due to variables such as age, condition of your skin, sun damage, smoking, skin care products, climate, life-style, and general health, you acknowledge that there are no guarantees, warranties or assurances that you will be satisfied with your results.

# Some contraindications for the treatment are Pregnancy, Lactation, Herpes Simplex (cold sores or fever blisters), use of topical retinol products in the past 2 weeks, disturbed skin barrier and an allergy to aspirin.

Most patients require a number of treatments over several months with gradual results occurring over this time. The total number of treatments and clinical results may vary between individuals.

**I AM ALSO INFORMED THAT**

* There may be some degree of discomfort, stinging, pin prick sensation, itching at the time or after the procedure. It may cause my skin to appear pink like moderate sunburn and it may take a few hours before the skin returns to its normal appearance. However, some patients react differently.
* Variable results are seen due to the patients’ lifestyle, medical profile, age and the extent of severity of sagging which varies from person to person.
* All microdermabrasion machines may not be FDA approved for cosmetic indications.
* Pre and post procedure photographs will be taken which may be used for academic or scientific purposes.
* This is not a complete treatment for my ailment and other forms of treatments may be needed for optimum results.
* There are some other treatments which may help my concerns and those options were adequately discussed with me. I understand that for ideal results, this procedure can be combined with other treatments.

**COST AND PAYMENT**

I have been informed about the fees and the number of sessions / package. I shall abide by the same

**Consent Letter:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her /his designated staff to perform procedure of microdermabrasion. Further, my signature below indicates my consent for the treatment described and my agreement to comply with the requirements placed on me by this consent form.

I have informed the doctor about my medical history regarding herpes, allergy, acne, keloids, diabetes, and autoimmune disease, treatment with anticoagulants, NSAIDS, blood thinners or corticosteroids etc. I am not pregnant or breast-feeding. In spite of this, I am aware that I may develop any allergy at any point. I give my consent to the doctor to take the necessary measures to treat my allergic reaction, if any develops. Before each treatment, I will inform the doctor if I have taken any new medications since my last treatment.

I have been informed about the other alternative methods as well as their benefits and disadvantages.

I understand that for ideal results, this procedure can be combined with chemical peeling, microneedling, PRP, laser etc. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am also aware that follow-up treatments may be necessary for desired results.

My questions regarding the procedure have been answered satisfactorily.

I hereby release Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her/his designated staff from any liability and side effects associated with above procedure. The payment and fee structure have been informed to me and I agree to abide by the same. I also agree to comply with the recommended aftercare instructions.

**SIGNATURE OF PATIENT/ AUTHORIZED REPRESENTATIVE (in case of minor)**

**Name:**

**SIGNATURE OF WITNESS SIGNATURE OF OPERATING DOCTOR**

**Name: Name:**

**Date: Time: Place:**

**Was Translation to the Patient’s language required: Yes/ No**

**SIGNATURE OF THE TRANSLATOR (Name and Relationship with the patient, if any)**

**POST PROCEDURE CARE:**

* Avoid the Sun for one week and use sunscreen regularly
* Avoid scratching the skin as it is very sensitive
* Drink plenty of water
* Use plenty of hydrating moisturizers as advised by doctors so as to improve results.
* Avoid hot shower baths, hot tubs and saunas for 48 hrs
* Use your skin care products and make up as advised by the doctor
* Waxing , tweezing and depilation can be done after 72 hrs