

SkinCare Aesthetics  
1244 Boylston Street, Suite 305  
Chestnut Hill, MA 02467  
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## MICRODERMABRASION CONSENT FORM

This procedure involves the application of crystals to the affected skin with a sterile hand piece.

The Parisian Peel is a program of treatments. Several peels may be required to achieve the best possible results. The degree of improvement is dependent upon many different variables and cannot be guaranteed. Following the post-peel instructions exactly is necessary to maximize the improvement of the skin.

The potential benefits of this procedure can include the improvement of fine lines, thinning of keratoses, softening of the skin and improvement of acne.

- **I have chosen to undergo this procedure after considering the alternative forms for my conditioning including non-treatment or other procedures. Each of these alternative forms of treatment has its own potential benefits, risks and complications.**
- **I understand that there are potential risks and complications associated with any medical or surgical procedure. I acknowledge that no guarantee has been made to me about the results of this procedure. Although it is impossible to list every potential risk and complication, I have been informed of some of the possible risks and complications of this procedure which may include but are not limited to the following:**

*Swelling, redness, scabbing, or peeling of the treated skin or surrounding areas, infection, cold sores, prolonged skin sensitivity to wind and sun, and areas of persistent increased or decreased pigmentation.*

The potential risks and complications could result in the need to repeat the procedure or require additional medical treatment or surgical procedures. It is very rare that a permanent disability occurs. I recognize that during the course of treatment, unforeseeable conditions may require additional treatments or procedures. I request and authorize qualified medical personnel to perform such treatments or procedures as required.

\*\* For patients under the age of 18 yrs., a parent or guardian will need to be responsible for reading, acknowledging and signing the Consent Form for their child as well as being on the facility's premise during treatment(s).

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Aesthetician Signature

\_\_\_\_\_  
Date