

pelle — spa

Informed Consent for HydraFacial

Full Name _____ Age _____ Date _____

HydraFacial is a hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with little-to-no downtime. The treatment is soothing, moisturizing, non-invasive and generally non-irritating. As with most procedures, visible results from HydraFacial will vary from person to person.

____ I acknowledge that I have not used Accutane or any medication for the same purpose during the last 12 months.

____ I acknowledge that if I have ever had a cold sore or fever blisters, I should consult with my physician or pharmacist for a pre-use medication to help avoid a possible breakout. That medication should be used each day for two days before, same day, and two days after any aggressive facial exfoliation treatment.

____ I acknowledge that there is no guarantee that dark discoloration of skin will be reduced or face. Pigmentation may improve or darken with successive treatments.

____ I acknowledge the need for proper skin care home regimen. I acknowledge that my skin might experience temporary irritation, tightness, redness or slight swelling which usually dissipates within 72 hours depending on skin sensitivity.

____ I acknowledge that if I fail to use a minimal sunscreen (SPF 30), I am more susceptible to sunburn, skin damage & hyper pigmentation.

____ I acknowledge that this treatment is strictly an elective cosmetic procedure and that no medical claims have been expressed or implied.

____ I acknowledge that I should avoid use of glycolic products, aggressive exfoliating (including waxing) 1 week prior to and for 2 weeks following the treatment.

____ I acknowledge that I should avoid use of Retin-A type products for a period of time recommended by my Pelle Spa professional during and following the treatment.

____ I acknowledge that I am not pregnant or breast feeding.

My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.

I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for marketing and/or literature.

I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.

I have been given and have read and understand the pre- and post-care instructions

I am aware that it is my responsibility to inform Pelle Spa providers of my current medical conditions. I agree to abide by the above policy statements. I understand that, as with any cosmetic procedure, individual results may vary and that NO refunds will be given. I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if i choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

Signature

----- Date -----

Signature of Parent/Guardian (if patient is under 18)

----- Date -----

Provider Name and Signature

----- Date -----

*This consent is good for one year.