Hydrafacial™ Treatment Consent Form

Hydrafacial is the only hydradermabrasion treatment 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.

What to expect:

- Your skin may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on skin sensitivity.
- You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.
- Client experiences may vary. Some clients may experience a delayed onset of these symptoms.
- You will likely see results immediately after treatment and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.
- The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 40 sunscreen.

Do you have any of the following?*

Active acne or infection _____ ☐ Yes ☐ No

Open lesion or cold sore _____ ☐ Yes ☐ No

An active infection in the treatment area _____ ☐ Yes ☐ No

Active sunburn _____ ☐ Yes ☐ No

Skin conditions such as eczema, dermatitis, or rashes _____ ☐ Yes ☐ No

An autoimmune disease such as lupus _____ ☐ Yes ☐ No

A viral concern such as HIV or hepatitis _____ ☐ Yes ☐ No

Anticoagulants Therapy _____ ☐ Yes ☐ No

Melanoma or lesions suspected of malignancy _____ ☐ Yes ☐ No

Pregnancy or lactation _____ ☐ Yes ☐ No

Neurological disorders such as epilepsy (LED Lights) _____ ☐ Yes ☐ No

Infection in the urinary system i.e. kidneys, bladder and urethra (Lymphatic drainage) _ ☐ Yes ☐ No

Crohn's Disease (Lymphatic drainage) _____ ☐ Yes ☐ No

Hyperthyroidism (Lymphatic drainage) _____ ☐ Yes ☐ No

Deep Venous Thrombosis (Lymphatic drainage) _____ ☐ Yes ☐ No

Lymphedema (Lymphatic drainage) _____ ☐ Yes ☐ No

*Saying yes does not preclude you from receiving treatments.

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Have you recently?*

Used Accutane, topical medications or antibiotics _____ ☐ Yes ☐ No

Had aesthetic fillers, injectables or laser treatments _____ ☐ Yes ☐ No

I acknowledge the following:

- I will avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinols that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre-and post-treatment.
- Photos may be taken before, during and after the Hydrafacial treatment. Photos will only be used with my written approval for education, promotion or advertising purposes.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the Hydrafacial treatment by the staff at _____.
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with the Hydrafacial System. This consent form Is valid for all future Hydrafacial treatments. I will alert the staff If there are any future changes to my medical history.

Print name: _____

Signature: _____

Date: _____