



Informed Consent for HydraFacial

Patient Name _____ DOB _____

This form is designed to provide you with the information you need to make an informed decision about whether to have HydraFacial treatment. If you have any questions or do not understand the potential risks, do not hesitate to ask us.

- I acknowledge having been informed that this cosmetic procedure is intended to remove superficial surface layers of the skin to improve the vitality of the skin
- I understand that my skin care professional can discover other, or different conditions that may require additional procedures than those planned. If my skin care professional discovers such other different conditions, I will be referred to an appropriate medical care provider
- It has been explained to me that because HydraFacial procedures are a superficial exfoliation of the skin, the result of a one-time treatment is similar to a deep cleansing of the skin. I understand that in order to see significant results these treatments need to be done in a series and in combination with active ingredient skin care products
- I acknowledge that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients' skin may show improvement, while others may not show marked improvement
- I acknowledge that after my HydraFacial procedure, all treated areas may experience temporary irritation, tightness, redness, or slight swelling which should dissipate within 72 hours depending on the skin sensitivity
- I understand that although rare, certain risks or complications could occur but are usually treatable and temporary, such as hyperpigmentation (dark spots), hypopigmentation (light spots), and scarring. Following all post procedure instructions will help avoid these conditions
- I acknowledge that if I am prone to Herpes (cold sores, fever blisters) that I may need a prescription for Valtrex (acyclovir) prior to having HydraFacial. I need to avoid treatments during a breakout
- I acknowledge that I have not used Accutane during the last twelve months
- I acknowledge that I should avoid that use of glycolic and Retin – A type products the day before, the day of, and the day after treatment
- **I acknowledge that I am not allergic to:** Shellfish , Aspirin , or Sulfur
- Acne patients – It has been explained to me that I may experience a slight acne flare-up, and that my acne condition may temporarily look worse for a few days after a HydraFacial treatment
- I acknowledge that I have been instructed to avoid sun exposure and must wear sunblock of a least SPF 30 over the treated areas on a daily basis during my treatment
- I understand that if I have any additional questions or concerns that I should call the office immediately

I certify that I have been fully informed by the staff at LASAIR AESTHETIC HEALTH of the nature and purpose of the procedure, expected outcome and possible complications. I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and the decision to proceed with treatment is based solely on my expressed wish to do so.

PATIENT'S SIGNATURE _____ DATE _____

WITNESS NAME _____ SIGNATURE _____ DATE _____