

MICRODERM TREATMENT RELEASE FORM

Client hereby acknowledges being advised that they should seek advice of their skin care professional before undergoing **Microderm™** treatments and is also aware that some skin conditions can not and should not be treated by the **Microderm™** process. These include but may be limited to:

Impetigo, inflamed eczema, herpes simplex, ultra sensitive skin, severely distended capillaries, dermatitis questionable lesions and sunburn.

Client has circled any of the above conditions what are applicable to the client. By signing below, client authorizes treatment even if an untreatable condition is present.

Client is aware that products containing retinoids or glycolic acids (including Accutane) needs to be discontinued for 24 hours prior to and after treatment. Client is aware that a sun block containing broad-spectrum coverage must be used from the date of the first treatment and continued indefinitely. Clients that are using or have used Accutane must identify their course of treatment prior to the service. Any deviation from the above statements which results in harm to the client is not the responsibility of **Barbara L. Persons** or the contractor/employee and client expressly agrees to hold **Barbara L. Persons** and the contractor/employee harmless in the event such directions are not adhered to.

Client acknowledges that the goal of treatments with **Microderm™** is to have skin improvements, but that individual results may vary. Also, client is aware of alternate methods of treatment and they have been discussed (i.e. laser/chemical peels). Client understands that multiple treatments may be required and the cost of these additional treatments has been disclosed to client.

Client acknowledges and agrees to hold **Barbara L. Persons** and any contractor/employee harmless against any and all liability and claims for any injuries or any other occurrences of events directly caused by the active negligence for **Barbara L. Persons** or of the contractor/employee.

I certify that I have read the above and I consent. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I have not been given medication of any kind. I consent to the microdermabrasion procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Client Signature _____ Date _____