

## Hydrafacial Consent to Treat Form

Hydrafacial is the only 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.

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 sunscreen.	excessive sun exposure and use a minimum of SPF 40	
Please check, if you have any of the following:		
	☐ An autoimmune disease such as lupus	
☐ Open lesion or cold sore	☐ A viral concern such as HIV or hepatitis	
☐ An active infection in the treatment area	☐ Melanoma or lesions suspected of malignancy	
☐ Active sunburn	☐ Anticoagulants Therapy	
☐ Skin conditions; eczema, dermatitis, or rashes	☐ Pregnancy or lactation	



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☐ Active acne	☐ Shellfish Allergy	
☐ Neurological disorders such as epilepsy	☐ Crohn's Disease (Lymphatic drainage)	
☐ Hyperthyroidism (Lymphatic drainage)	☐ Lymphedema (Lymphatic drainage)	
☐ Deep Venous Thrombosis (Lymphatic drainage)		
☐ Infection in the urinary system l.e. kidneys, bladder and urethra (Lymphatic drainage)		
Please check if have recently used the following:		
☐ Accutane	☐ Aesthetic Fillers/Injectables	
☐ Antibiotics	☐ Topical Medications	
☐ Laser Treatments/Microneedling		
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 written approval for education, promotion or advertising purposes. I understand pricing for services is subject to change. We do not accept returns or exchanges on gift cards. Services received cannot be refunded. Aesthetic gift cards are redeemable for aesthetic treatments/products only and are not redeemable for cash. Products purchased after 30 days are non refundable. A full refund for all over the counter products will be provided if products are returned unopened



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and in their original condition. All opened products

* The information provided has been explained to me and al satisfaction. I have read the above information, and I give my cons Plateroti Dermatology & Aesthetics.	* *
By signing below, I acknowledge that I have read the above inform Hydrafacial System.	nation and give my consent to be treated with the
This consent form is valid for all future Hydrafacial treatments.	
I will alert the staff if there are any future changes to my medical h	nistory.
Signature:	Date:
Printed name:	_ DOB: