

Health Rhythms Medi Spa & Tan

4250 E. Florida Ave., Hemet, CA 92544

MICRODERMABRASION TREATMENT INFORMATION

PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND
AND ACCEPT ALL PROVISIONS BY SIGNING BELOW

I. GENERAL INFORMATION

- Bleaching agents are considered safe in conjunction with Micro Exfoliation treatments.
- Makeup may be applied and normal activities continued.
- Avoid extreme temperature fluctuations as they can irritate your skin. (Do not use either very hot or cold water.)

II. BEFORE TREATMENT STARTS

- Do not lie in the sun or use tanning equipment at least one week before beginning receiving microdermabrasion,
- Do not use any glycolic, alpha-hydroxy, Retin-A, Retinol, or any exfoliating products.
- Inform the Esthetician of any recent changes in health and/or medications being taken.
- Clients taking Accutane must wait 4-6 months after completion of treatment before receiving microdermabrasion.
- The esthetician should be informed if there is a history of Herpes Simplex. It is possible to experience an occurrence of Herpes after any Micro Exfoliation treatments. Medication to prevent an outbreak can be prescribed by a doctor.

III. DURING TREATMENT

- Do not lie in the sun or use tanning equipment.

The following may be experienced:

- A slightly rosy glow, much like a mild sunburn to the area for between 2 to 48 hours.
- A very mild discomfort (similar to a light sunburn) in the treated area.
- Flaking or peeling with a feeling of dryness in the treated area may continue for several days after treatment.

IV. AFTER TREATMENT

- SPF30 or greater should always be used under make-up or when out in the sun.
- Be consistent with the skin care regimen as directed by the Esthetician/Doctor.
- For skin maintenance, use a hydrating facial once a month.
- Drink at least eight glasses of purified water a day for proper tissue hydration.
- Schedule a Micro Exfoliation treatment every six to eight weeks to maintain the results that have been achieved during the treatment period.

I have read the contents of this *Treatment Information* form carefully and understand all the recommendations outlined above.

Signature: _____ Client # _____ Date: _____

Print Name of Client: _____

Technician/Witness Signature: _____ Date: _____

For visually handicapped or illiterate persons: This release form has been read to the client in my presence.

Witness: _____ Date: _____

I HEREBY GIVE MY PERMISSION as Parent [] Guardian []

of _____ who is _____ years of age, to receive treatment at this facility. I have read and fully understand this *Treatment Information Form* and hereby agree to accept all of the provisions.

Signature: _____ Client # _____ Date: _____

Print Name of Parent/Guardian: _____