

DERMELUXX FACIAL TREATMENT CONSENT FORM

Patient Name _____

The Zemits DERMELUXX is a non-invasive fluid dermabrasion treatment. The unique vacuum powered exfoliation applicator pulls in the skin tissue to clean and deliver active serums due to skin type and condition, the oxygen handpiece delivers serums to the skin, and the cooling wand soothes the skin.

Please read and initial each statement.

I have read the DERMELUXX Treatment Information and Instructions and have had an opportunity to ask questions about the procedures and treatment. _____

The DERMELUXX Treatment cost has been discussed with me, and I agree to pay this amount.

I duly authorize _____ to perform Zemits DERMELUXX Facial Treatment on me.

I understand that:

- The goal of DERMELUXX Facial is to hydrate and deeply cleanse the facial skin, which will improve cases of texture, uneven skintone, acne and acne scarring, and overall health of the skin.
- Every person is unique, which means skin condition and results may vary. This makes it difficult to pinpoint an exact number of treatments that will be needed. Results may vary from individual to individual and amount of acne as well as amount of sun exposure also effect results.
- DERMELUXX Facial treatments are recommended every one to two months, depending on the skin type and condition for optimal results.
- DERMELUXX Facial may be performed any time before special events.
- Slight pink or redness to the skin is normal and typically subsides within a few hours of finishing the treatment.
- Skin irritation, bruising, or worsening of breakouts is an uncommon side effect, but may occur.
- Not often, allergic reactions such as hyperpigmentation, hypopigmentation, and moles may occur and resolve themselves, but have the potential of being permanent. There is also the rare possibility of texture and scars, but can occur post-treatment. As any treatment, there may be unknown risks as of now.

I fully understand the effects explained to me. _____ (patient initials)

What to expect:

- After DERMELUXX Facial treatment, its possible to feel slight irritation, tightness, and/or redness. These are all common reactions which typically resolve themselves within 48-72 hours post-treatment.
- You may experience the following sensations within a few hours after DERMELUXX Facial: irritation in the area that's been treated.
- As every individual's experience is different, some clients may experience these symptoms delayed.
- The majority of DERMELUXX Facial clients can see immediate results after their treatment. Skin may feel hydrated and supple for a few weeks depending on proper at-home maintenance care.
- After a DERMELUXX Facial Treatment, the skin needs to be protected from UV rays and possible sun damage. Please avoid excessive sun exposure and use at least an SPF 40 sunscreen.

I fully understand the effects explained to me. _____ (patient initials)

Medical Information: Please circle all that pertains to you.

SERVICES MUST BE POSTPONED IF ANY OF THE FOLLOWING APPLY TO YOU-

- Botox or Dysport injections within the past 2 weeks
- Accutane
- Any Facial Waxing within the past 7 days (not including eyebrow wax)
- Cancer or post-cancer treatments
- Active skin abrasions or lesions
- Retin A within 7 days of treatment
- Blood thinner medication
- Laser procedure within the past 2 weeks
- Chemical peel within the past 2 weeks
- Skin bleaching creams
- Viral Infection/influenza/cold sore

SERVICES MAY STILL BE PROVIDED AT OUR ESTHETICIANS DISCRETION-

- Autoimmune Disease, Lupus, HIV, Epilepsy, or Hepatitis
- Allergies
- Eczema/psoriasis
- Diabetes
- Injections or Fillers within the past 2 weeks
- Epilepsy
- High/Low blood pressure

- Lymphatic disorder
- Steroid injections/Cortisone
- Thyroid Condition
- Rosacea
- Stage 3 or 4 acne
- Under Medical Care

Have you recently?:

Used Accutane, topical medications or antibiotics Yes / No

Had aesthetic fillers, injectables or laser treatments Yes / No

I acknowledge all of the following:

- It is my responsibility to avoid waxing, lasers, aggressive exfoliation, and products containing any retinoids or glycolic acids on the treated area for at least 2 weeks prior to and after my treatment.
- I consent to having my photograph taken before, during, and/or after my treatment and authorize them to be anonymously used for the purposes of medical audit, education and promotion.
- I will inform the laser technician, nurse or physician, should my medical condition change during the course of treatment.
- Risk of side effects can increase with immunocompromised conditions such as HIV, Diabetes, Lupus or being on immunosuppressant medication which can cause increased risk of infection and improper healing. I do not have any of these conditions.
- By signing below, I certify that I have asked all of my questions and have read/fully understand the context of this consent form.

Print name: _____

Signature: _____

Date: _____