



HydraFacial™ Treatment Consent 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 excessive sun exposure and use a minimum of SPF 40 sunscreen.

Do you have any of the following?*

- | | |
|---|--|
| 1. Active acne or infection | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Open lesion or cold sore | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. An active infection in the treatment area | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Active sunburn Yes No | |
| 5. Skin conditions such as eczema, dermatitis, or rashes | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. An autoimmune disease such as lupus | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7. A viral concern such as HIV or hepatitis | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. Anticoagulants Therapy | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Melanoma or lesions suspected of malignancy | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10. Pregnancy or lactation | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 11. Neurological disorders such as epilepsy (LED Lights) | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 12. Infection in the urinary system i.e. kidneys, bladder and urethra? (Lymphatic drainage) | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 13. Crohn's Disease (Lymphatic drainage) | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 14. Hyperthyroidism (Lymphatic drainage) | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 15. Deep Venous Thrombosis (Lymphatic drainage) | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Lymphedema (Lymphatic drainage) | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

*Saying yes does not preclude you from receiving treatments.



Have you recently?

- Used Accutane, topical medications or antibiotics
- Had aesthetic fillers, injectables or laser treatments

Yes No
 Yes No

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 my written approval for education, promotion or advertising purposes.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the HydraFacial treatment by the staff at Bellevue Dermatology.
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. This consent form is valid for all future HydraFacial treatments. I will alert the staff if there are any future changes to my medical history.

Print name: _____ Signature: _____ Date: _____