

Tiszta Viz Organic Skin Care & Spa

Microdermabrasion Consent Form

Name

It is important that you read this information carefully, initial each line item indicating that you have read it, and sign the consent form for treatment.

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing such as, pregnancy, allergies, recent facial surgery, cosmetic injections, tendency to cold sores or use of topical and /or oral prescription medication.

I understand that there no guarantee as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc.

I understand this treatment is a cosmetic treatment and that medical claims are expressed or implied.

I understand that to achieve maximum results, I may need several treatments.

I agree to refrain from tanning in tanning beds or outdoors while I am undergoing treatment and during the 14 days, prior to and following the end of treatment.

I understand that extended direct sun exposure is prohibited while I am undergoing treatment and daily use of sunscreen protection with a minimum of SPF 30 is mandatory.

I understand that I should follow my Aesthetician's recommendations for post procedure skin care to minimize side effects and maximize results.

I hereby agree to all the above and agree to have this treatment performed on me. I further agree to follow all post microdermabrasion instructions as I am directed.

**Please type your name in the signature box below and enter the date.
This will be commensurate with your signature.**

Signature _____ **Date** _____

Aesthetician Signature _____

Continued Treatment Consent

Date	Initials	Date	Initials	Date	Initials