

HYDRAFACIAL INFORMED CONSENT

This is an informed consent document which has been prepared to help your Medical Aesthetician inform you concerning HydraFacial, its risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please sign the consent for this procedure as proposed by your Medical Aesthetician and agreed upon by you, indicating that you have read the informed consent.

I, _____ authorize Medical Aesthetician _____ to perform the following procedure: **HydraFacial Treatment**.

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.

List any allergies: _____

Do you have any of the following? *yes does not preclude you from receiving treatments

- | | | |
|---|------------------------------|-----------------------------|
| • Active acne or infection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Open lesion or cold sore | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • An active infection in the treatment area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Active sunburn | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Skin conditions such as eczema, dermatitis, or rashes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • An autoimmune disease such as lupus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • A viral concern such as HIV or hepatitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Anticoagulants Therapy Yes No
- Melanoma or lesions suspected of malignancy Yes No
- Pregnancy or lactation Yes No
- Neurological disorders such as epilepsy (LED Lights) Yes No
- Infection in urinary system i.e. kidneys, bladder and urethra (Lymphatic drainage) Yes No
- Crohn's Disease (Lymphatic drainage) Yes No
- Hyperthyroidism (Lymphatic drainage) Yes No
- Deep Venous Thrombosis (Lymphatic drainage) Yes No
- Lymphedema (Lymphatic drainage) Yes No

HAVE YOU RECENTLY?

- Used Accutane, topical medications or antibiotics Yes No
- Had aesthetic fillers, injectables or laser treatments 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 Body+Beauty Lab.
- 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.

CONSENT

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees should they be required. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the HydraFacial and will also be your responsibility.

I agree to follow up with Body+Beauty Lab at the recommended intervals to monitor the effectiveness of the treatment, and to contact Body+Beauty Lab to advise of any change in my condition or any problem I may experience.

In signing this consent for this procedure, you acknowledge that you have read the informed consent and have been informed about its risks and consequences and accept responsibility for the clinical decisions that have been made, along with the financial costs of all treatments and future treatments. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the Medical Director, Medical Aesthetician and Body+Beauty Lab from liability associated with this procedure. I give my informed consent for a HydraFacial Treatment today as well as future treatments as needed.

Client Signature _____ Date _____

Medical Aesthetician Signature _____ Date _____