

ECOBEAUTICA

Wellness Center

Microdermabrasion Consent Form

To the CLIENT: You have the right to be informed about your condition and its treatment, so that you can decide whether or not to undergo a microdermabrasion procedure after knowing the risks involved. This disclosure is here to ensure that you make a better informed decision to give or withhold your consent for treatment.

- I voluntarily request that Ecobeautica Wellness Center perform the microdermabrasion procedure. I understand that this cosmetic procedure is intended to remove surface layers of the skin to improve the vitality of the skin.
- I acknowledge that there are no specific guarantees for this procedure and its expected result.
- I understand that treated areas may feel dry, sensitive, warm, or windburned. Treated areas may also appear sunburned.
- I have been informed that there are risks such as infection that are attendant to the performance of any exfoliation procedure.
- I understand that my compliance with pre- and post-procedure guidelines are crucial to the effectiveness and healthiness of my microdermabrasion treatment. I acknowledge my obligation to follow those guidelines, including but not limited to the use of sunscreen.
- I understand that multiple treatments may be required. I have been made aware of any additional cost for these treatments.
- I have received a thorough explanation of my pre- and post-exfoliation instructions. I understand these instructions and have received copies for reference. I understand that should I have additional questions, I should not hesitate to call.

I certify that I have read and understand the above. I have been given the opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the microdermabrasion procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Client's Name (Please Print): _____

Client's Signature: _____

Date: _____