EXFOLIATION CONSENT

I, _________________________authorize *ROSA MYERS, a Licensed Aesthetician at POREFECTION*, to perform the selected exfoliation treatments.

- ❒ Dermafile
- ❒ Microdermabrasion
- ❒ Glycolic Acid Resurfacer 30%
- ❒ Lactic Acid Resurfacer 30%
- ❒ Salicylic Resurfacer 20%
- ❒ Alpha Peptide Resurfacer
- ❒ Pumpkin Resurfacer
- ❒ MangoBrite Resurfacer
- ❒ TCA 7/2
- ❒ Skin Bright Peel
- ❒ Modified Jessner

INITIAL

____ 1. I acknowledge that no guarantee has been made about the results of the procedure. Although it is impossible to list every potential risk and complication, I have been informed of the possible risks and complications which may include, but are not limited to, the following:

- Stinging, itching, irritation
- Redness, and swelling of the skin
- Tightness, peeling or scabbing of treated skin and the surrounding areas
- Prolonged skin sensitivity to wind and such environmental elements

____ 2. Any potential risks and complications could result in the need to discontinue the treatment. In this case, an alternative recommendation(s) will be suggested. I agree to immediately inform *ROSA MYERS* if I am overly uncomfortable during the treatment, or after I return home.

____ 3. I agree to inform *ROSA MYERS* when I introduce new medication(s) and or product(s) during the course of the treatment. I attest that I have had the opportunity to ask questions and have had questions answered to my satisfaction.

____ 4. I certify that I am over the age of eighteen (18) and that:

- I am NOT pregnant or breastfeeding,
- I have NOT used Isotretinoin in the past 12 months,
- I do NOT have a history of radiation to the treatment area,
- I do NOT have active herpes simplex or active breakout,
- I do NOT have a history of hypertrophic scar formation,
- I have NOT waxed in the past 7 days in treatment area,
- I have NOT used Retin A or similar medications for two weeks,
- I have NOT used benzoyl peroxide for one week,
- I will protect my skin from direct sun for 3 days post procedure,
- I will use a broad spectrum sunscreen everyday and reapply when necessary,
- I will avoid hot baths/showers, sweating and strenuous exercise for one week post procedure,
- I will avoid rubbing, picking and scrubbing my skin post procedure, for I understand it could lead to scarring,
- I will NOT use retinoids or other exfoliating agents until my skin is healed.

I have read and will follow to the best of my ability any and all instructions. I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Client's signature____Date_________________

Rosa Myers signature____Date_________________