



CONSENT for Dermafilig

DERMAFILING- is a procedure using a skin polishing and resurfacing tool made of stainless steel and finely crushed cosmetic diamonds. The file lightly polishes the skin manually, removing the top layer of dead skin cells, and leaving velvety smooth, fresh, rejuvenated skin. Dermafile treatments are similar to microdermabrasion without the suction and pulling of the skin.

I HAVE BEEN ADVISED OF THE CONTRAINDICATIONS THAT INCLUDE active bacterial infections such as impetigo, boils, conjunctivitis, and styes; active fungal infections; undiagnosed lumps or swelling; known sensitivity or allergy to products; active skin cancer, active acne, open wounds, soars or irritated skin in treatment areas(s); history of eczema, psoriasis and other chronic conditions; severe acne.

I HAVE BEEN ADVISED OF THE POSSIBLE SIDE EFFECTS WHICH ARE AS FOLLOWS:

DISCOMFORT- If discomfort is experienced, simply inform us and adjustments will be made.

SKIN INFECTION- Although very rare, infection is a possibility anytime a skin procedure is performed.

SENSITIVITY- You may experience skin tightness, mild sensitivity and/or mild redness after treatment. This is normal and will typically resolve in 12-24 hours.

COLD SORES- If you have a known history of cold sores, it is possible a reactivation of this can occur over the treated area, in which case you may be given a prescription for Valtrex (antiviral) to be taken prior to treatment.

SCARRING- scarring is a rare occurrence, but it is possible when the skin surface is disrupted. To minimize the chances of scarring, it is important that you follow all post care instructions carefully.

I UNDERSTAND THAT:

- Results vary between individuals and that this procedure must be done regularly in order to achieve optimal results.
- Direct sun exposure and/or use of tanning beds is prohibited 14 after treatment and that the use of sunblock with a minimum SPF 30 is mandatory.
- It is important to follow pre and post care instructions carefully.
- If I experience any adverse side effects, I will notify the office immediately.

Patient (Print Name)	Signature	Date
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Witness (Print Name)	Signature	Date
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