DiamondGlow Consent

DiamondGlow™ is a next-level skin resurfacing technology that simultaneously exfoliates, extracts, and infuses skin with targeted serums to address specific skin quality concerns. Please review the following prior to your DiamondGlow™ treatment and if you have any questions, discuss with your provider.

- I acknowledge that I might experience a scratchy, stinging sensation during the treatment. This sensation will subside during the post-treatment protocol shortly after the treatment is finished.
- I understand that if I fail to use sunscreen, I am more susceptible to sunburn and hyperpigmentation.
- I acknowledge that I have not been on medication for acne therapy during the past 6 months.
- I acknowledge that I have not been using retinoids or any other exfoliating products for the past 3 days and I will discontinue the use of retinoids for 1 to 3 days after the procedure.
- I acknowledge that facial telangiectasia (small blood vessels) is sometimes more apparent immediately after the treatment when the skin is thin and will diminish after my skin has recovered from the treatment.
- I agree to remove my contact lenses prior to the procedure (if applicable).
- I have informed my skin care specialist that I am prone to cold sores and I am currently not experiencing an outbreak. I acknowledge that any area around the mouth or face that is prone to cold sores will be avoided during the treatment (if applicable).
- I understand that the skin care specialist performing the treatment uses tools that are either disinfected or disposable.
- I acknowledge that my skin may experience temporary tightness, mild erythema (redness), or slight swelling, which should dissipate in a few hours following the treatment.
- I understand if I am pregnant, lactating, have rosacea, salicylate/aspirin sensitivity, or an outbreak of any skin condition, I should consult with my physician prior to receiving the DiamondGlow™ treatment.
- I hereby agree to have the DiamondGlow™ treatment performed on my skin by a trained operator and to follow all post-treatment protocols.

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Patient (Print Name)   Signature   Date

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Witness (Print Name)   Signature   Date