



## CONSENT for FACIAL

A **FACIAL** is a multi-step, multi-purpose skin treatment that may include cleansing, exfoliation, extractions, and medical grade skin care products.

**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.

REDNESS – Depending on the type of facial and skin care products used, the skin may be slightly flushed. This is normal and will subside on its own after a few 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 – Depending on the level of extractions, temporary scarring may occur with swelling and sensitivity. This is normal and will subside on its own.

ALLERGIC REACTION- Although rare, local skin allergies may occur.

**I UNDERSTAND THAT:**

- Results vary between individuals.
- There are no guarantees regarding the success of the treatment.
- Depending on my goals, I may be advised that other treatments or skin care products should be considered.
- It is important that I disclose all medications, allergies, and skin care products I am currently using and that by not doing so, it may lead to undesirable outcomes.
- A facial should not be considered a substitute for medical examination, diagnosis, and treatment.
- If I experience any side effects, I will immediately call the office.

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Patient (Print Name)

Signature

Date

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Witness (Print Name)

Signature

Date