

E N F U S E

L A S E R C E N T E R & M E D I C A L S P A

Microdermabrasion Consent

Please initial and sign below:

I understand that microdermabrasion is the process of removing superficial layers of dead skin cells on the skin's surface by the use of machine. _____ **INITIAL**

I have been explained the process of microdermabrasion by my technician and have has the opportunity to ask any questions. _____ **INITIAL**

I understand that results may not be seen in one treatment and that a series of treatments are needed to see best results. _____ **INITIAL**

I am satisfied with the information provided to me regarding the microdermabrasion treatment and agree to have the procedure done. _____ **INITIAL**

Is there anything we should be aware of before your microdermabrasion treatment?

I am fully aware of the risks involved and hazards connected with skin care treatments and understand that this is an elective service.

Date:____/____/____ Signature:_____

Printed Name:_____

Staff Signature:_____