



HydraFacial MD Consent Form

Treatment Consists of:

HydraFacial MD, red / blue light therapy, and lymphatic drainage

Initials _____

Medical Information: *Please circle all that pertain to you.*

- Accutane
- Allergies: shellfish, aspirin, sulfur, preservatives
- Botox / Dysport within the past 2 weeks
- Cortisone / steroid injections
- Cosmetic injections / fillers within the past 2 weeks
- Eczema / psoriasis
- Lymphatic disorder
- Facial waxing within the past 7 days
- Rosacea
- Retin A within 5-7 days of treatment
- Skin lightening or bleaching creams
- Sunburn
- Recent laser procedures or chemical peels
- Blood thinner medications

Acknowledgements: *Please initial all statements.*

- I acknowledge that I have not used Accutane or any medication used for the same purpose during the last 12 months. Initials _____
- I acknowledge that if I have ever had cold sores or fever blisters, I should consult with my physician or pharmacist for a pre-use medication to help avoid a possible outbreak. Initials _____
- I acknowledge that I should avoid use of products containing glycolic acid and/or Retin A products for 1-2 weeks after treatment. Initials _____
- I acknowledge that this is strictly an elective cosmetic procedure and no medical claims have been expressed or implied. Initials _____
- Photography may be taken for comparison of future treatments for my cosmetic medical chart. Initials _____

I have read the above and understand it. My provider has answered my questions to my satisfaction. I accept the possible risks associated with the treatment.

Patient Signature _____

Date _____

Witness _____

Date _____