



## HydraFacial MD Contraindications

**Patient Name** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Please list all medications, including oral, topical, over the counter, and herbal supplements**

\_\_\_\_\_  
\_\_\_\_\_

Botox/Dysport within the past 2 weeks	<b>Yes</b>	<b>No</b>
Cortisone/Steroid injections within the past 2 weeks	<b>Yes</b>	<b>No</b>
Cosmetic injections/fillers within the past 2 weeks	<b>Yes</b>	<b>No</b>
Facial waxing within the past 7 days	<b>Yes</b>	<b>No</b>
Laser treatment or electrolysis within past 2 weeks	<b>Yes</b>	<b>No</b>
Chemical peels within the past 2 weeks	<b>Yes</b>	<b>No</b>
Active cold sores and/or fever blisters or a tendency to get them	<b>Yes</b>	<b>No</b>

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

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