

# FAIRLAWN DERMATOLOGY, LLC

## Informed Consent for Non-Invasive Cosmetic Treatments

Microdermabrasion, customized chemical peels, The Perfect Derma Peel and the Zen (Rezenerate) treatment are all non-invasive, superficial cosmetic treatments that can provide marked improvement in the appearance of the skin. While no cosmetic treatment has been developed to stop the aging process, these treatments have the potential to improve and maintain the condition of the skin.

### Please review the following potential contraindications\* for the treatments:

- Pregnant or breast feeding
- Allergy to: trichloroacetic acid (TCA), retinoic acid, kojic acid, salicylic acid, phenol, glutathione, vitamin C, aspirin, hyaluronic acid
- Taken Accutane or the generic equivalent in the last 4 months
- Open wounds, sunburn, infected skin
- History of or active cold sores (Herpes Simplex)
- Recent waxing, electrolysis or chemical exfoliants
- Current chemotherapy or radiation therapy
- History of an autoimmune disease or any condition that may weaken the immune system
- Botox within the last 2 weeks or dermal filler within the last 4 weeks

### Please read and initial the following:

\_\_\_\_ Prior to receiving treatment, I have disclosed any medications or health conditions that may contraindicate this treatment.

\_\_\_\_ I understand that I may experience some discomfort such as stinging, redness, burning, itchiness or tightness during treatment and potentially for several days after the treatment. I understand that it is important that I should not pull, pick or forcibly remove peeling skin.

\_\_\_\_ I understand that while complications are extremely rare, they may occur. In the event of a reaction or complication (skin infection, allergic reaction, excessive swelling/pain/warmth) to the treated area, I agree to immediately contact the office for follow up care.

\_\_\_\_ I understand that every skin type is different and will therefore respond differently to treatment. Reactions will vary and no guarantee has been made to me as to the final results. I may require several treatments, spaced at appropriate intervals, to achieve optimal results.

\_\_\_\_ I understand that extended sun exposure, including use of tanning beds, is prohibited both before and after treatment. Use of a minimum of 30 SPF sun protection following treatment is strongly recommended.

\_\_\_\_ I understand that certain lifestyle choices (tanning, smoking, picking, excessive alcohol consumption, poor diet) can negatively affect treatment and potentially render the treatment(s) ineffective.

\*Any contraindications will be reviewed and considered on a case by case basis.

Services purchased ahead of time are good for one year from the date of purchase. After one year from the date of purchase, the balance is forfeited. No refunds will be given: however, any remaining balance can be used towards products or other services. The office policies for Fairlawn Dermatology, LLC apply, including the No Show Fee.

By my signature below, I certify that I have read and fully understand the contents of this Informed Consent and that the disclosures referred to herein were made to me.

\_\_\_\_\_  
Signature Of Patient                      Print Name                      Date

\_\_\_\_\_  
Signature of Witness                      Print Name                      Date