

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

I hereby authorize Dr. Kavali and/or such assistants as may be selected to perform the following procedure or treatment:

Microdermabrasion

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy, recent facial surgery, allergies, tendency to cold sores/fever blisters, use of topical ingredients that contain retinol, AHA's or the like, use of acne medications or other skin medications including Retin-A, Accutane, Differin, Tazorac or the like.

I understand that there may be some degree of discomfort (especially when choosing a higher exfoliation level). I understand that following the treatment I may or may not experience redness and/or a "windburn" type sensation.

I understand that that there are no guarantees as to the results of the treatment due to many variables. Microdermabrasion is not an exact science and multiple treatments may be required to get maximum results.

I understand that although complications are very rare, sometimes they may occur. These include, but are not limited to: changes in pigmentation, scabbing, scarring, increase in skin sensitivity and mild skin inflammation.

I agree to refrain from tanning whether outside or in tanning booths while I am undergoing treatment, and during the 2 weeks following the end of treatment.

I understand that direct sun exposure is prohibited while I am undergoing treatment and that the use of a broad spectrum sunblock with a minimum of SPF 35 is mandatory.

The microdermabrasion treatment has been satisfactorily explained to me and I have all the information I desire.

I hereby agree to all of the above and agree to have this treatment performed on me. I have informed the medical or skin care provider here of any and everything that could have bearings on my treatment today. I further agree to follow all post microdermabrasion instructions as directed by the medical or skin care provider here.

Signature: _____ Date: _____

Provider Signature: _____ Date: _____