



## Client Consent to Treatment

My signature acknowledges that I have read and agree to receive the following treatments or series of treatments. I, \_\_\_\_\_, consent to and authorize Mira Med Spa to perform facials, skin exfoliation, chemical peels, microdermabrasion, skin waxing and other related skin care services.

- I have not used Accutane for at least 12 months. \_\_\_\_\_ (Initial)
- I have not used a scrub, Retin-A, Tazorac, take home microdermabrasion, glycolic peels or other types of exfoliates in the last 72 hours. \_\_\_\_\_ (Initial)
- I have no allergies to Iodine (seaweed/algae based). \_\_\_\_\_ (Initial)
- I have no allergies to peanuts. \_\_\_\_\_ (Initial)
- I have no allergies to aspirin. \_\_\_\_\_ (Initial)
- I am not epileptic and do not have heart or circulation problems. \_\_\_\_\_ (Initial)
- Possible side effects from microdermabrasion and chemical peels include: mild redness, local swelling, dry skin, flaking, and lightening or darkening of the skin. Most side effects are temporary and generally fade within 72 hours. \_\_\_\_\_ (Initial)
- Waxing may cause: bruises, scabs, scarring, redness, hyper pigmentation or pimples. \_\_\_\_\_ (Initial)
- I agree not to pick, peel, or scratch the skin during the healing phase, as this may cause undesirable side effects or results. \_\_\_\_\_ (Initial)
- It is recommended to discontinue use of all AHA's, Glycolic, Retin-A, Renova, or any exfoliation products up to 72 hours post-procedure. \_\_\_\_\_ (Initial)
- Use hydrocortisone cream twice a day as needed with a cold compress for swelling and inflammation reduction. \_\_\_\_\_ (Initial)
- After treatments avoid direct sun exposure, tanning beds, pools, hot tubs, saunas, waxing, and additional professional treatments for 72 hours. \_\_\_\_\_ (Initial)
- If prone to cold sores see your physician about a prescription for Ayclooviar, Zorivax, or take supplements of Olive Leaf, L-Lysine along with Beta Carotene and Folic Acid daily. \_\_\_\_\_ (Initial)
- The nature and purpose of the treatments have been explained to me, and any questions I may have regarding this procedure have been explained to my satisfaction. \_\_\_\_\_ (Initial)
- I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks. \_\_\_\_\_ (Initial)
- I understand that one touchup is included at no additional charge with this procedure. If any additional touchups are wanted or needed they may be subjected to a touchup fee. \_\_\_\_\_ (Initial)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provider name & signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_