

In order to achieve the best results possible from your microdermabrasion treatment it is important that you follow the Skinstitut prep program and use the appropriate Skinstitut products as recommended by your skin care specialist/Physician. If you have any questions regarding these instructions please contact your skin care specialist/Physician for clarification.

1. Please follow the instructions and guidelines provided by your skin care specialist/Physician. If, for any reason, you stop or interrupt the prep procedure you must contact your skin care specialist immediately. Your scheduled appointment may need to be changed or rescheduled.
2. Within 2 weeks prior to your treatment – STOP DISCONTINUE or DO NOT HAVE THE FOLLOWING TREATMENTS:
 - * Waxing of any areas to be treated
 - * Depilatory use in any treated area
 - * Electrolysis of any treatment area
 - * Laser/IPL treatments
 - * Sun exposure to area to be treated
 - * Chemical treatments of any kind including any hydroxy acid treatments other than your Skinstitut prep program
 - * Hair Colour or Chemical treatments application of any type
3. Notify your skin care specialist immediately if you are put on any new type of medication, oral supplement or make any changes to your health as it may cause increased sensitivity to your microdermabrasion treatment.

Patient name: _____

Signature: _____ Date: _____

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- ☐ I have completed the client medical form truthfully.
- ☐ I have been honest in revealing any condition that could prohibit this treatment such as cold sores, pregnancy, recent facial surgery or laser resurfacing, recent use of prescription vitamin A within the last twelve months.
- ☐ I understand that there are no guaranteed results from this treatment. Many variables such as age, sun damage, ongoing sun exposure, smoking, excessive alcohol intake, climate, diet and water intake, skin thickness and sensitivity.
- ☐ Regardless of precautions taken, I understand and acknowledge the possibility of an adverse reaction to the treatment and accept sole responsibility for any medical care that may become necessary. I will immediately contact the specialist/Physician performing the treatment of any adverse reactions.
- ☐ I have not had any peel, microdermabrasion or laser treatment of any kind within 7 days of the treatment. I understand that I cannot have another treatment within 7 days of this treatment, whether it is performed at this location or any another location.
- ☐ I understand that direct sun exposure and use of a tanning booth is prohibited during this treatment time, and that a mandatory use of a minimum SPF 15 sun protection applied daily.
- ☐ I understand that to achieve maximum results the recommended Skinstitut home care routine must be followed.
- ☐ I understand that if I alter the routine or use products not recommended by the skin care professional the results could be altered. I also understand that it may take several treatments to obtain the desired results.
- ☐ I understand that the following side effects or complications can occur:
- * Discomfort
 - * Redness and swelling
 - * Hypo-pigmentation
 - * Itching or irritation
 - * Infection
 - * Scarring
 - * Hyper-pigmentation
 - * Acne Breakouts
- ☐ I understand the goals of the treatment as well as the limitations and possible complications.
- ☐ The Medical Aesthetician has provided the information and has answered all my questions concerning this procedure.
- ☐ I clearly understand the above information.

Patient name: _____

Signature: _____ Date: _____

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In order to achieve the best results from your microdermabrasion treatment we ask that you read and understand the following instructions. Skinstitut after care products are recommended to be used 3 – 5 days post treatment.

1. Avoid direct sun exposure and excessive heat - over-heating can cause hyperpigmentation.
2. Use sunscreen.
3. Do not pick or pull any loose or exfoliating skin.
4. Do not expose treated areas to direct hot shower spray. Do not use a spa, steam room, or sauna.
5. Do not participate in activities that may cause excessive perspiration.
6. Do not use any other means of mechanical exfoliation.
7. Do not expose treated areas to direct heat (including that of a hair dryer).
8. Do not receive electrolysis, dermal fillers / muscle relaxant injections or facial waxing, and do not use depilatory creams for at least 5 days.
9. Discontinue the use of prescription Tretinoin (Vitamin A) for 7 days post-treatment.
10. Do not use tanning booths for at least three weeks after a treatment.

Additional Instructions:

I understand and agree to comply with the above instructions. I also agree to contact the office with any further questions.

Patient name: _____

Signature: _____ Date: _____

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