

PATIENT CONSENT FORM Microdermabrasion

PATIENT NAME: _____

ATTENDING PHYSICIAN: Dr L Nguyen

I hereby authorize Dr. Nguyen and/or his assistant to perform Microdermabrasion on me. I understand that this procedure works by removing the dead skin from the surface hence promoting vibrant and healthy-looking skin.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The possible complications/risks involved with microdermabrasion are short term, mild redness to the treated area.
- There is a slight possibility the skin may remain irritated for a day or two.
- In rare cases, there is a possibility of scarring.

This treatment is non-invasive, painless and requires no downtime from work or social activities. Normal activities may be resumed immediately after treatment.

ACKNOWLEDGMENT

I understand and acknowledge that payment for the above procedure is my responsibility and they are non-refundable. With my signature below, I certify that I have read and fully understand the content of this consent form for the treatment listed above and that I have had all of my questions and concerns laid to rest. **I agree to inform 1Clinic Aesthetics of any changes pertaining to my health and medications in the future.**

_____ Signature Patient	_____ Print Name	_____ Date
_____ Signature Witness	_____ Print Name	_____ Date