

SUNNY'S SALON & SPA

HYDRAFACIAL TREATMENT CONSENT FORM

HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with **little-to-no downtime**.

The treatment is soothing, moisturizing, non-invasive and generally non-irritating. **Visible results from HydraFacial will vary from person to person.**

What to expect:

- Your skin may experience **temporary irritation, tightness, or redness**. These are all **normal reactions** that typically resolve within 72 hours depending on skin sensitivity.
- You may experience **tingling and stinging in the treatment area**. These sensations generally subside within a few hours.
- **Client experiences may vary**. Some clients may experience a delayed onset of these symptoms.
- You will likely **see results immediately after treatment** and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.
- The skin is **more susceptible to sunburn/sun damage**. Avoid excessive sun exposure and make sure to apply and **reapply** sunscreen when out in the sun.

Do you have any of the following?*

*Saying yes does not preclude you from receiving treatments.

- Active acne or infection _____ Yes No
- Open lesion or cold sore _____ Yes No
- An active infection in the treatment area _____ Yes No
- Active sunburn _____ Yes No
- Skin conditions such as eczema, dermatitis, or rashes _____ Yes No
- An autoimmune disease such as lupus _____ Yes No
- A viral concern such as HIV or hepatitis _____ Yes No

- Anticoagulants Therapy _____ Yes No
- Melanoma or lesions suspected of malignancy _____ Yes No
- Pregnancy or lactation _____ Yes No
- Neurological disorders such as epilepsy (LED Lights) _____ Yes No
- Infection in the urinary system i.e. kidneys, bladder and urethra (Lymphatic drainage)
 Yes No
- Crohn's Disease (Lymphatic drainage) _____ Yes No
- Hyperthyroidism (Lymphatic drainage) _____ Yes No
- Deep Venous Thrombosis (Lymphatic drainage) _____ Yes No
- Lymphedema (Lymphatic drainage) _____ Yes No

Have you recently?

- Used Accutane, topical medications or antibiotics _____ Yes No
- Had aesthetic fillers, injectables or laser treatments _____ Yes No

I acknowledge the following:

- I will avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinols that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre-and post-treatment.
- Photos may be taken before, during and after the HydraFacial treatment. Photos will only be used with my written approval for education, promotion or advertising purposes.
- I have read the above information, and I give my consent to have the HydraFacial treatment by the staff at Sunny's Salon and Spa.
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System.
- This consent form is valid for all future HydraFacial treatments. I will alert the staff if there are any future changes to my medical history.

Print name: _____ Signature: _____ Date: _____