



## **Medical Facial: Patient Consent for Treatment**

### **A. Purpose and Background**

- Medical Facials treat a variety of skin conditions such as sun damage, wrinkles, acne and general aging. Increased cell turnover and collagen stimulation can be seen resulting in a smoother, brighter and more youthful and healthy appearance.

### **B. Procedure**

- A deep cleanse is performed, followed by a comfortable hot-towel steam. We will analyze the skin to determine if any extractions are needed. After extractions, we will select and apply the appropriate facial mask for your skin type.
- **Extraction** is a corrective technique that gently and safely removes sebum and blackheads, drains inflamed acne impactions and release trapped ingrown hairs when possible.

### **C. Risks/Discomfort**

- I understand that there is a possibility that my skin will be red, itchy and/or irritated. Although rare, the following adverse side effects have been reported and may be permanent, including: skin breakout and acne flare up. I agree if I have any concerns regarding my medical facial treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.

### **D. Benefits**

- Medical Facials are generally relaxing and comfortable. Medical Facials effectively cleanse, moisturize and rejuvenate the skin, and may also reduce acne. Medical Facials may improve and smooth the texture of your facial skin by removing the damaged outer layers. There is usually no downtime is associated with Medical Facials, and treatments can be repeated as often as necessary to keep skin looking fresh.

### **E. Alternatives**

- Medical Facials are strictly a voluntary cosmetic procedure; no treatment is necessary or required. A Medical Facial does not eliminate sagging or excess skin and is not meant to be a substitute for surgical lifting. Alternative treatments may include but are not limited to microdermabrasion, laser resurfacing, cosmetic injections or doing nothing at all.

### **F. Consent Procedure**

- Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, on the results that may be obtained. I understand that to achieve maximum results, I must adhere to the protocol prescribed by VanderVeer Center. My full participation in the skin care treatments and home care will determine the outcome.

- I have provided my complete medical history and medications, including any changes.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

**I elect to proceed with the Medical Facial treatment.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Patient Signature:* \_\_\_\_\_

Provider Signature: \_\_\_\_\_