



## **Microdermabrasion: Patient Consent for Treatment**

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

- Microdermabrasion is a non-invasive procedure using micro crystals and vacuum suction to remove the outermost layer of dead skin cells revealing younger, healthier-looking skin. Microdermabrasion exfoliates skin to stimulate cell turnover, improve tone and polish away mild sun damage, surface irregularities, enlarged pores, and fine lines.

### **B. Procedure**

- Microdermabrasion involves the use of a device like a fine sandblaster to spray tiny crystals across the face, mixing gentle abrasion with suction to remove the outer layer of skin. A series of Microdermabrasion treatments at weekly, biweekly or monthly intervals is usually required to attain the best result.

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

- Microdermabrasion can be uncomfortable around the sensitive tissue of the mouth and nose, but should not be painful. I understand that my skin may be red and possibly irritated. Although extremely rare, the following adverse side effects have been reported: skin rash, infection, Acne, rash, dark spots, swelling, and burning. Microdermabrasion cannot be performed over active Acne and Rosacea. Certain other medical skin conditions may be contraindications to treatment including Psoriasis, Eczema, etc.. I agree if I have any concerns regarding my Microdermabrasion treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.

### **D. Benefits**

- Microdermabrasion can stimulate the production of a new deeper layer of skin cells with higher levels of collagen and elastin, which improves the skin's appearance. There is little to no downtime associated with the Microdermabrasion procedure and treatments can be repeated as often as necessary to keep skin looking fresh and healthy.

### **E. Alternatives**

- Microdermabrasion is strictly a voluntary cosmetic procedure; no treatment is necessary or required. Microdermabrasion is not intended to be a substitute for surgical lifting. Alternative treatments may include medical peels, laser resurfacing, or doing nothing at all.

### **F. Photography**

- I understand that clinical photographs are an essential component of my medical record. Photography is required by VanderVeer Center, before, during, and after treatments.

### **G. Consent to 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, the protocol prescribed by VanderVeer Center should be adhered to. VanderVeer Center's treatment schedule is designed to maximize results of the procedure and minimize side effects. The number and results of treatment vary per patient and may be affected by the following factors, including but not limited to: degree of skin irregularity, patient age, skin conditions, medications, and lifestyle choices such as smoking and sun exposure.
- I have provided my complete medical history and medications, including any changes.
- I understand that pregnancy is a contraindication for treatment. I am not currently pregnant or nursing.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. I understand that VanderVeer Center recommends Volante® Skincare (available in our office), to enhance the results of my Microdermabrasion treatment.
- 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 Microdermabrasion treatment.**

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

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

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