

CONSENT AND RELEASE FORM VIBRADERMABRASION

Vibradermabrasion is a method of removing dead skin cells, and potentially promoting new collagen production. Conventional dermabrasion uses small particles of Aluminum Oxide to “Sandblast” the skin. These machines treat a very small spot making it difficult to evenly treat a large area. They can also cause significant irritation.

Vibraderm uses a large paddle coated with fixed abrasives. Large areas can be treated evenly with less irritation.

Studies have shown that Vibradermabrasion is more effective than microdermabrasion and patients prefer it as it creates immediate results after just one treatment and the formation of new collagen begins in as few as three treatments. Fresher skin is revealed without irritation and can be used on patients with sensitive skin and is excellent for rosacea patients. The treatment is gentle yet effective and treats conditions such as acne, keratosis pilaris, sun damage and fine lines. Vibraderm is a faster, easier way to exfoliate to create fresh, glowing, beautiful skin. My signature below constitutes acknowledgement that:

I _____ consent to and authorize members of Dermatology of Eastern Idaho to perform the Vibradermabrasion procedure.

This procedure involves exfoliating the top layers of your skin. This treatment should be used as part of a complete skin care program to maximize the overall benefits. A skin care program has been recommended to me as part of this treatment.

_____ (Initials)

The nature and purpose of the treatment has been explained to me, and any questions I have regarding treatment have been answered to my satisfaction.

_____ (Initials)

I understand that the treatment may involve the risk of complications or injury from both known and unknown causes and I freely assume these risks. Possible side effects of the treatment area can include mild redness of the skin, irritation, local swelling, mild discomfort or tenderness, pimple-like bumps, dry skin, lightening of the skin, infection, scarring, peeling, and activation of cold sores.

_____ (Initials)

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am a competent adult of at least 18 years of age, or that, if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian having legal custody will also be required before treatment. This consent is freely and voluntarily executed

and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

_____ (Initials)

I agree to adhere to all safety precautions and regulations during the skin treatment.

The procedure fees have been discussed and I understand them. _____ (Initials)

I have received and understand the post care recommendations as follows: no sun exposure for 48 hours, use gentle cleanser only, acid washer (if desired) may be resumed 48 hours after treatment.

_____ (Initials)

Patient Signature: _____ Date: ____/____/____

Parent/Legal Guardian: _____ Date: ____/____/____