

Dermafrac

TREATMENT CONSENT

Name:	DOB
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I declare to have received a detailed explanation concerning the DermaFrac™ skin care treatment and that I have been satisfactorily informed and educated with respect to the treatment, including the aftercare, the benefits, the risks, and possible complications related to this treatment.

In particular, I declare that:

1. I understand that DermaFrac™ is a superficial treatment of the skin.
2. I understand that the DermaFrac™ treatment is accomplished by using a machine that delivers a vacuum and uses a hand piece with a micro-channel roller tip that creates multiple small, shallow punctures of the outermost layer of the skin.
3. I understand that one of the primary purposes of this procedure is to prepare the skin to accept, and increase the absorption properties of active ingredient rejuvenation products, and or chemicals and that certain Infusion Solutions may be used during this treatment. I understand that the Solutions are generally tolerated very well by most patients; however, there may be irritation to my skin.
4. It has been explained to me and I understand that in order to see significant results these treatments need to be done in a series and in combination with active ingredient skin care products.
5. I acknowledge that immediately after my procedure all treated areas may feel warm and appear sunburned and could feel wind burned. My skin may feel dry and sensitive for several days after the treatment.
6. I understand that compliance with my after-care instructions will greatly affect my final result.
7. **Acne Patients:** It has been explained to me that I may experience a slight acne flare-up, and that my acne condition may temporarily look worse for a few days after a DermaFrac™ treatment.
8. **Patients that are undergoing a series of treatments:** I acknowledge that complete compliance to my skin care program will enhance the outcome of my DermaFrac™ treatments. This includes the use of SPF 30 sun protection over the treated areas on a daily basis during my treatment series.
9. I understand that there can be no guarantee as to how effective the outcome of my treatment(s) will be. There also can be no guarantee that dark discoloration (e.g. hyperpigmentation or melasma), scar tissue, stretch marks, or fine lines and wrinkles will be reduced or fade. It has been explained to me, and I understand, that these conditions will respond much better when part of an overall skincare program.
10. I understand that photographs may be taken of my skin for the purpose of documenting progress being made. Any photographs taken are considered health information and are bound by the privacy policies of Complete Skin Solutions.

I consent to this treatment today and for all subsequent DermaFrac treatments.

Signature	Date
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