

# Health Rhythms Medi Spa & Tan

4250 E. Florida Ave., Hemet, CA 92544

## MICRODERMABRASION TREATMENT INFORMATION

PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND  
AND ACCEPT ALL PROVISIONS BY SIGNING BELOW

### I. GENERAL INFORMATION

- Bleaching agents are considered safe in conjunction with Micro Exfoliation treatments.
- Makeup may be applied and normal activities continued.
- Avoid extreme temperature fluctuations as they can irritate your skin. (Do not use either very hot or cold water.)

### II. BEFORE TREATMENT STARTS

- Do not lie in the sun or use tanning equipment at least one week before beginning receiving microdermabrasion.
- Do not use any glycolic, alpha-hydroxy, Retin-A, Retinol, or any exfoliating products.
- Inform the Esthetician of any recent changes in health and/or medications being taken.
- Clients taking Accutane must wait 4-6 months after completion of treatment before receiving microdermabrasion.
- The esthetician should be informed if there is a history of Herpes Simplex. It is possible to experience an occurrence of Herpes after any Micro Exfoliation treatments. Medication to prevent an outbreak can be prescribed by a doctor.

### III. DURING TREATMENT

- Do not lie in the sun or use tanning equipment.

The following may be experienced:

- A slightly rosy glow, much like a mild sunburn to the area for between 2 to 48 hours.
- A very mild discomfort (similar to a light sunburn) in the treated area.
- Flaking or peeling with a feeling of dryness in the treated area may continue for several days after treatment.

### IV. AFTER TREATMENT

- SPF30 or greater should always be used under make-up or when out in the sun.
- Be consistent with the skin care regimen as directed by the Esthetician/Doctor.
- For skin maintenance, use a hydrating facial once a month.
- Drink at least eight glasses of purified water a day for proper tissue hydration.
- Schedule a Micro Exfoliation treatment every six to eight weeks to maintain the results that have been achieved during the treatment period.

I have read the contents of this *Treatment Information* form carefully and understand all the recommendations outlined above.

Signature: \_\_\_\_\_ Client #: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Client: \_\_\_\_\_

Technician/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For visually handicapped or illiterate persons:** This release form has been read to the client in my presence.

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

I HEREBY GIVE MY PERMISSION as Parent [ ] Guardian [ ]

of \_\_\_\_\_ who is \_\_\_\_\_ years of age, to receive treatment at this facility. I have read and fully understand this *Treatment Information Form* and hereby agree to accept all of the provisions.

Signature: \_\_\_\_\_ Client #: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_