



Southern Marin Dermatology Esthetician Consent

I hereby consent to and authorize Southern Marin Dermatology (SMD) and those employed by SMD to perform an elective treatment. Such treatments I am consenting to may include dermaplaning, microdermabrasion, hydrafacial, facial to the face and/or body, enzymes, masks and/or extractions.

I have been informed of possible benefits, risks, and complications associated with my treatment. Complications may include, but are not limited to, hyperpigmentation (increased color of the skin), hypopigmentation (decreased color of the skin), bruising or scarring.

I recognize that there are no guaranteed results and that independent results may range dependent on lifestyle, skin type and/or condition and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

In the event that I have additional questions, concerns or possible complications from treatment I will consult the office immediately.

I have given an accurate account of my current and past medical history, including all known allergies, prescriptions, supplements, and skin care products used topically or ingested.

I have read and fully understand this agreement and all information detailed above. I understand the procedure(s) and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature is below, responsible for any of my conditions past or present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Patient Name (Please print)

Patient Signature (or Guardian)

Date

Witness

Date