



# Sapphire 3 Photoabrasion – Informed Consent

\*\*Please initial each section to indicate that you understand each topic. Do not initial if you desire more information.

### Proposed Treatment

The Sapphire 3 Photo Abrasion is the ultimate combination therapy for the skin. It combines micro-current and high-frequency with red and blue light rejuvenation therapies, lymphatic drainage and a highly beneficial vitamin exfoliation  
Initials: \_\_\_\_\_

The red light carries energy to the cells, which expedites the replacement of older or damaged cells. It stimulates fibroblasts, which produce collagen and promote elasticity and firmness of the skin.  
Initials: \_\_\_\_\_

The blue light destroys bacteria and introduces oxygen into the deeper layers of the skin, promoting healthy cell growth and faster healing.  
Initials: \_\_\_\_\_

The function of the lymphatic system is to clear toxins and waste from tissues and cells. Thus, enhancing your overall health and ensuring maximum results.  
Initials: \_\_\_\_\_

### Anticipated Benefit

The sapphire granule tip will gently pass over the outer most surface of the skin to improve texture, tone and appearance, while leaving the skin more receptive to the pursuing wet, vitamin infused exfoliation, and light therapies. Improvement in the skin's health and appearance may be evident as early as with the first treatment.  
Initials: \_\_\_\_\_

### Risks and Complications

I certify that I have not had any of the following conditions in the last 12 months:

- Silicon implants in the area to be treated. Initials: \_\_\_\_\_
- Epilepsy Initials: \_\_\_\_\_
- Cancerous lesions Initials: \_\_\_\_\_
- Muscular conditions Initials: \_\_\_\_\_
- Uncontrolled diabetes Initials: \_\_\_\_\_
- Hemophilia Initials: \_\_\_\_\_
- Areas where sensations are absent Initials: \_\_\_\_\_
- Herpes simplex Initials: \_\_\_\_\_
- Infections which might be stimulated by the micro current Initials: \_\_\_\_\_

### Limitations

I am not pregnant. Initials: \_\_\_\_\_

I do not have a pacemaker. Initials: \_\_\_\_\_

### Cost/Fees

Treatment costs have been disclosed to me and I understand that in order to obtain the results I desire, multiple treatments may be necessary. Initials: \_\_\_\_\_

I agree not to hold Allure MedSpa or any of its representatives responsible for any adverse effects resulting from the Sapphire 3 treatment. Initials: \_\_\_\_\_

I have read and fully understand this consent and my questions have been answered satisfactorily. Initials: \_\_\_\_\_

It is solely my decision to have this treatment and I consent to the Sapphire 3 procedure. Initials: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Patient Name (Print) Date

\_\_\_\_\_  
Witness Signature Date



# Skin Care Treatment – Informed Consent

\*\*Please initial each section to indicate that you understand each topic. Do not initial if you desire more information.

### Proposed Treatment

A facial starts with an analysis of the skin to look for congestion and general skin type. Once the skin type is determined, the proper cleanser, mask, etc, will then be performed. A mask is then applied and finished with the cleansing, toner, moisture, and application of sunscreen.

Initials: \_\_\_\_\_

I realize that the practice of skin care including microablation, microdermabrasion, electrolysis, facial toning, laser treatments, etc., is not an exact science and no specific guarantees can or have been made concerning the expected result. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

Initials: \_\_\_\_\_

During your treatment, light, safe, exfoliating products will be used to improve the appearance of your skin. If you have Herpes Simplex Virus – Type 1, please note exfoliating treatments may cause an outbreak. If you are sunburned, have visible cold sores, or have any irritation, you may be asked to reschedule your appointment.

Initials: \_\_\_\_\_

### After your facial treatment:

- Do not use 'active' products for a full 24 hours after your treatment. Avoid the sun and apply sunscreen as directed.
- You may experience flaking, sensitivity and/or light scabbing on extracted comedones, which is normal and will subside within a few days to reveal improved skin.

Initials: \_\_\_\_\_

### Please indicate your skin type:

Normal/Dry \_\_\_\_\_ Dry \_\_\_\_\_ Oily \_\_\_\_\_

How often do you cleanse your face? \_\_\_\_\_

How does your skin feel in the middle of the day?  
\_\_\_\_\_

How does your skin feel at the end of the day?  
\_\_\_\_\_

Have you ever had a facial? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_

Are you using any facial products? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

Are you under a lot of stress? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have any chronic skin disorders? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Are you currently using any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which medications? \_\_\_\_\_

Are you allergic to cosmetic ingredients/medications?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

Have you suffered from acne? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please circle: Heavy / Light / Other

Are you using Retin-A? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what strength? \_\_\_\_\_ How long? \_\_\_\_\_  
Are you using Accutane? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any facial scarring? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which region? \_\_\_\_\_

Have you had any prior cosmetic peels? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_

Are you currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you currently take oral contraceptives? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which one? \_\_\_\_\_

Do you currently take hormones? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that the following risks and hazards may occur in connection with any particular treatment, including, but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, change in the skin pigmentation and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Initials: \_\_\_\_\_

### Cost/Fees

Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee if I should want/need maintenance or follow-up visits.

Initials: \_\_\_\_\_

I have read and fully understand this consent and my questions have been answered satisfactorily by Allure associates. I accept the risks and complications of the procedure.

Initials: \_\_\_\_\_

I agree not to hold Allure MedSpa or any of its representatives responsible for any adverse effects resulting from the Sapphire 3 treatment.

Initials: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Patient Name (Print) Date

\_\_\_\_\_  
Witness Signature Date