



skin body soul

CONSENT FORM FOR SKIN SHEEK

I authorize a Lake Medical Spa employee and SKIN SHEEK Certified Technician, to perform a SKIN SHEEK treatment for the sole purpose of beautification of the skin. I acknowledge that the treatment goal is for esthetic improvement and not medical treatment of any conditions, and the number of treatments will vary between individuals as well as areas being treated. I acknowledge that no guarantee has been made about the results of the procedure. Although it's impossible to list every potential risk and complication, I have been informed of the possible risks and complications which may include, but are not limited to, the following: Infection, Hyperpigmentation. Redness, Edema and Bruising. I have been informed that the following POST TREATMENT REGIMEN HAS BEEN RECOMMENDED:

- *DO NOT Pick! This may cause hyperpigmentation or scarring.
- *If the area is still irritated by the end of the day a clean baggie of frozen peas works well 10 minutes on and 10 minutes off.
- *Keep your skin clean and moisturized during the day.
- *Makeup may be worn over moisturizer and sunscreen.
- *MUST use sunscreen every day.
- *Avoid direct sunlight immediately following treatment.
- *Avoid vigorous exercise, sauna or steam following treatment for 24 hrs.
- *No use of retinol or any form of vitamin A or peeling product for 30 days. Mild products only.
- *Pat dry instead of rubbing to prevent removal of crust.
- *After crust sloughs the skin may appear pink. Color will blend as skin exfoliates around it. Be sure to wear SPF 30 or higher to protect fresh skin.

I agree to inform when I introduce new medication(s) and or product(s) during the course of the treatment. I attest that I have had the opportunity to ask questions and have had questions answered to my satisfaction. I have been informed that the downtime for this procedure is approximately 7-10 days of crusting in areas that were treated. Once crusting sluff off, pink undertones will be revealed as skin continues to heal. I am NOT pregnant. I will protect my skin from direct sun exposure post treatment, I will moisturize and use a broad spectrum sunscreen every day and reapply when necessary, I will avoid hot baths/showers, sweating and strenuous exercise for 24-48 hours post procedure. I will avoid rubbing, picking & scrubbing post procedure are, as it could lead to scarring. I will NOT use retinoids or other exfoliating agents until my skin is healed. I have read and will follow to the best of my ability any and all instructions. I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Client's signature _____ Date _____