Client name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Dermafile** treatments are manual exfoliation treatments using a polishing and resurfacing tool made of stainless steel and finely crushed cosmetic diamonds. These files will lightly polish the skin by hand, removing the top layer of dead skin cells, and leaving velvety smooth, fresh, rejuvenated skin. They are effective tools for treating aging and sun damaged skin, scarring, pigmentation, fine lines and enlarged and clogged pores. Dermafile treatments are similar to microdermabrasion without the suction and pulling of the skin or the controversial crystals in the air that could be breathed into your lungs.

Initial Here \_\_\_\_\_\_\_

I acknowledge that no guarantee has been made about the results of the treatment. Although it is impossible to list every potential risk and complication, I have been informed of some possible benefits, risks and complications which may include, but are not limited to, the following:

•

Provides a smoother appearance of the skin

•

Improves the appearance of fine lines and wrinkles

•

Helps to even the coloring and lighten the pigmentation of the skin

•

Supports the natural collagen syntheses in the skin

•

Helps to build collagen and thicken the dermis

•

Firms and tightens the skin

•

Reduces scaring and acne lesions

May Cause:

•

Redness dehydration peeling and swelling of the face

•

Skin to feel wind burned or sensitive for a few days

•

Mild scabbing on areas that have been worked on aggressively

I have completed the Client Intake Form thoroughly and to the best of my knowledge.

I have discussed any skin conditions, diseases, infections or cold sores with my physician and aesthetician and understand that this procedure could result in a flare up of these conditions.

\_\_\_\_\_\_\_\_\_

I acknowledge that I am to use Sunscreen daily.

\_\_\_\_\_\_\_\_\_

I acknowledge that I have not been using Accutane for the last 6 months

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\_\_\_\_\_\_\_\_\_

I acknowledge that I have not been using Retin A or Renovea for the past week.

\_\_\_\_\_\_\_\_\_

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_