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Informed Consent Micro-Dermabrasion Treatment

Patient: You have the right to be informed about this treatment, so that you may make the decision whether or not to undergo the procedure after knowing any risks or hazards involved. This disclosure is not meant to alarm you in any way, it is simply an effort to make you better informed so you may give, or withhold your consent for treatment.

- A. I voluntarily request that Arnold D. Panzer, MD and such associates, assistants, or any other professional deemed necessary treat me and my condition. I acknowledge having been informed that this procedure is intended to remove fine surface skin in order to improve the vitality and smoothness of the skin.
- B. I understand that my provider of treatment can discover other and different conditions which may require additional or different treatments than those planned. I authorize them to perform other procedures, which may be advisable in the professional judgment.
- C. I realize that while the goal of this treatment is the removal of damaged skin, the results average between 40 – 85% improvement.
- D. I realize that some risks, irritations or hazards could occur from this treatment.
- E. I have been made aware of alternative methods available for my treatment, which includes acid peels or laser skin resurfacing.
- F. I accept and acknowledge my responsibility to follow the written and/or spoken instructions of my provider and to visit them in 7 – 10 days post treatment.
- G. I understand that multiple treatments may be required. The cost of treatments was discussed with me before the initial treatment.
- H. I have received a complete explanation of my pre-treatment and post-treatment instructions. I understand the instructions and should I have additional questions, I will not hesitate to call.
- I. I certify that I have read and understand the above authorization form. I have been given the opportunity to discuss all my questions, and I have received satisfactory answers. I understand that this procedure uses Aluminum Oxide, which is an abrasive therefore I will follow the explicit instructions of my provider.

I have not received any alcohol or medication before signing this consent.

I hereby consent to the Micro-Dermabrasion procedure. This document supersedes any previous verbal or written disclosure.

Patient Pre-Treatment Signature

Witness Signature

Date