

HydraFacial Treatment Informed Consent

HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration, and antioxidant protection simultaneously, resulting in cleaner, more beautiful skin with little-to-no downtime. The treatment is soothing, moisturizing, non-invasive, and generally non-irritating. As with most procedures, visible results from HydraFacial will vary from person to person.

What to expect:

Your skin may experience temporary irritation, tightness, or redness. These are normal reactions that typically resolve within 72 hours depending on skin sensitivity.

You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.

Patient experiences may vary. Some patients may experience a delayed onset of these symptoms. You will likely see results immediately after treatment and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.

The skin is more susceptible to sunburn and sun damage. Avoid excessive sun exposure and use SPF Broad Spectrum with zinc and titanium for the best protection.

I acknowledge the following:

_____ I will avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinoids that are not part of the recommended take-home regimens in the treated areas for minimum 2 weeks pre and post treatment. Photos may be taken before, during, and after the HydraFacial treatment. Photos will only be used with my written approval for education, promotion, or advertising purposes.

_____ The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the HydraFacial treatment by the staff at O Young MD.

By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. This consent form is valid for all future HydraFacial treatments. I will alert the staff if there are any future changes to my medical history.

Signature: _____ Date: _____

Physician Signature: _____ Date: _____