



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail (Confidential) \_\_\_\_\_

Birthday: \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

Pregnant: \_\_\_\_\_

Allergy: \_\_\_\_\_

Diabetes: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

Do you use:  
Accutane: \_\_\_\_\_

Retine A: \_\_\_\_\_

Renova: \_\_\_\_\_

Alpha Hydroxy: \_\_\_\_\_

Do you see a Dermatologist  
on a regular basis: \_\_\_\_\_

Do you use sun screen: \_\_\_\_\_

What are your concerns about your skin: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR TREATMENT**

I herein by voluntarily consent to my skin treatment at this salon, and authorize such treatment/ procedure (Glycolic acid peel, Paraffin mask, Waxing, etc.) as recommended by my Esthetician. I have read this consent, I am aware of its content, and I fully understand the same.

Signature: \_\_\_\_\_



6955 McGinnis Ferry Rd. – Suite 116  
Johns Creek, GA. 30097  
770 814 0089

### Diamond Peel Informed Consent

Are you currently using:	Yes	No
Accutane	_____	_____
Retin-A	_____	_____
Heprin/Coumadin	_____	_____
Glycolic products	_____	_____
Hydroquinone	_____	_____

Have you recently had:

Facial surgery \_\_\_\_\_

Laser resurfacing \_\_\_\_\_

Chemical peel \_\_\_\_\_

Collagen/Botox \_\_\_\_\_

Facial waxing \_\_\_\_\_

Herpes Simplex (fever blisters) \_\_\_\_\_

Flat Warts \_\_\_\_\_

Diamond Peel microdermabrasion is a crystals free microdermabrasion treatment. It uses stainless steel heads to abrade away epidermal tissue in the areas treated. It is done so precisely that normal surrounding tissue is hardly affected. Diamond Peel microdermabrasion is used to treat acne, scars, wrinkles, and other growths and skin conditions.

After a treatment the skin may feel tight as if exposed to the sun or wind. Keep the skin well moisturized. Slight redness and swelling may appear with deeper treatment levels in addition to slight blood spotting. Healing may take several days or longer. Additional moisturizers will be needed as recommended.

Your fresh newly exposed skin will be delicate. Protect it from the sun by using a moisturizing sun screen/block of at least 30. Keep area clean and dry. Do not apply ordinary makeup for 24 hours after a treatment. Avoid swimming, vigorous exercise for 24 hours, and sun exposure for at least one week.

Any time the skin barrier is broken there is a small risk of bacterial or viral infection.

I acknowledge that no guarantee has been given to me as to the condition of the complexion, skin pore size, wrinkles, or the percentage of improvement expected following the treatment. I understand that no specific results are guaranteed.

By signing below, I acknowledge that I have read the forgoing informed consent and agree to the treatment with its associated risks. I hereby give consent to *Spa Fiori* to perform a microdermabrasion treatment.

Date: \_\_\_\_\_

Name and signature: \_\_\_\_\_

Witness: \_\_\_\_\_