

Consent to Treat

DiamondGlow™ is a next-level skin resurfacing technology that simultaneously exfoliates, extracts, and infuses skin with targeted serums to address specific skin quality concerns.

Please review and initial the following statements prior to your DiamondGlow™ treatment.

- I acknowledge that I might experience a scratchy, stinging sensation during the treatment. This sensation will subside during the post-treatment protocol shortly after the treatment is finished.
- I understand that if I fail to use sunscreen, I am more susceptible to sunburn and hyperpigmentation.
- I acknowledge that I have not been on mediation for acne therapy during the past 6 months.
- I acknowledge that I have not been using retinoids or any other exfoliating products for the past 3 days and will discontinue to use of retinoids for 1 3 days after the procedure.
- I acknowledge that facial telangiectasia (small blood vessels) is sometimes more apparent immediately after the treatment when the skin is thin and will diminish after my skin has recovered from the treatment.
- I have been advised to remove my contact lenses prior to the procedure (if applicable).
- I have informed my skin care specialist that I am prone to cold sores and I am currently not experiencing an outbreak.
- I acknowledge that any area around the mouth or face that is prone to cold sores will be avoided during the treatment (if applicable).
- I understand that the skin care specialist performing the treatment uses tools that are either disinfected or disposable.
- I acknowledge that my skin may experience temporary tightness, mild erythema (redness), or slight swelling, which should dissipate in a few hours following the treatment.
- I understand if I am pregnant, lactating, have rosacea, salicylate/aspirin sensitivity, or an outbreak of any skin condition, I should consult with my physician prior to receiving the DiamondGlow™ treatment.
- I hereby agree to have the DiamondGlow™ treatment performed on my skin by a trained operator and to follow all post-treatment protocols.

| Print name: | Signature/Date: | |
|-------------|-----------------|--|
| | | |

USES: The DiamondGlow™ device is a general dermabrasion device that gently removes the top layer of skin and delivers topical cosmetic serum onto the skin.

IMPORTANT SAFETY INFORMATION: The DiamondGlow™ treatment is not for everyone. You should not have a DiamondGlow™ treatment if you have compromised skin quality. Tell your provider if you are pregnant or lactating, or if you have any medical conditions, including allergies, and if you are using topical medication on the area to be treated. Typical side effects include a scratchy, stinging sensation during the treatment and temporary tightness, redness, or slight swelling after the treatment. Rare serious side effects may occur and include severe skin irritation and allergic reactions.

Skin Medica® PRO-INFUSION SERUMS DISCLAIMER:

Patient Name:

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Aesthetician Name:

Serum Used / Treatment # _____ Treatment Date: _____

| Area Treated | Neck | Face | Lips | Eyes | Other |
|----------------------------|------|------|------|------|-------|
| Diamond Grit Tip | | | | | |
| Vacuum/ Flow Setting | | | | | |

Dermal Essential Defense **HA Rejuvenating** TNS Essential **Lumivive®** Repair Mineral Shield Serum Hydrator System Broad Spectrum SPF 35 **Retinol Complete** Ultra Sheer **TNS Recovery** Lytera® Pigment 0.25 * 0.5 * 1.0 Correcting Serum Moisturizer Complex

CLIENT INVOICE



| PRODUCT/QUANTITY: | PRICE | TOTAL |
|----------------------|-------|-------|
| Card | | |
| Cash | | |
| Other Payment Method | | |
| Alle Discount(s) | /- | - |
| FFC Discount(s) | - | - |