

Consent for Skin Care Treatment

I, _____, hereby authorize the skin care professional in charge at Montebello Skin Care Studio to treat me with one or more of the following skin care modalities:

microdermabrasion, microphototherapy, electroporation, LED light therapy, microcurrent facial toning, and/or oxygen infusion.

I understand that with any treatment, certain risks are involved and that any complications or side

effects from unknown causes could occur. I freely assume these risks. ____ (initial)

Please initial the following statement:

____ I am not pregnant or lactating.

____ I do not have a pacemaker.

____ I do not suffer from Epilepsy.

____ I do not have a history of skin cancer.

____ I have not received chemotherapy or radiotherapy in the past three months.

____ I do not have a history of herpes breakout in the area of treatment.

____ I have not used Retin-A for 72 hours.

____ I have not taken accutane in the past 6 months.

____ I agree that I am not taking any medications that may cause photosensitivity.

____ I agree to avoid sun exposure for 48 hours

____ I agree to apply sunscreen daily.

____ I do not have metal implants in the mouth or jaw area

____ I do not have any broken or inflamed areas of skin on the face

I certify that I have read and fully understand the above consent, that explanations have been

made, and that the skincare professional has answered all of my questions. Please contact Montebello Skin Care Studio immediately by phone or email if you have any complications after your treatment.

Signed: _____ Phone: _____

Want to receive email specials? Email: _____

Montebello Skin Care Studio
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