

Informed Consent for DermaFrac™ Treatments
(Sample Only – Please refer to your legal counsel prior to use)

Patient: _____ **Date:** _____

This consent form is designed to verify that you have been satisfactorily informed and educated with respect to your DermaFrac™ skin care treatment, as well as its aftercare, so that you may make an educated decision as to whether to have this procedure performed. Please read and initial each paragraph.

I understand that DermaFrac™ is a superficial treatment of the skin. _____ Client Initials

I understand that the DermaFrac™ treatment is accomplished by using a machine that delivers a vacuum and uses a hand piece with a micro-channel roller tip that creates multiple small, shallow punctures of the outermost layer of the skin. _____ Client Initials

I understand that one of the primary purposes of this procedure is to prepare the skin to accept, and increase the absorption properties of active ingredient rejuvenation products, and or chemicals and that certain Infusion Solutions may be used during this treatment. I understand that the Solutions are generally tolerated very well by most patients; however, there may be irritation to my skin. _____ Client Initials

It has been explained to me and I understand that in order to see significant results these treatments need to be done in a series and in combination with active ingredient skin care products. _____ Client Initials

I acknowledge that immediately after my procedure all treated areas may feel warm and appear sunburned and could feel wind burned. My skin may feel dry and sensitive for several days after the treatment. _____ Client Initials

I understand that compliance with my after-care instructions will greatly affect my final result. _____ Client Initials

Acne Patients: It has been explained to me that I may experience a slight acne flare-up, and that my acne condition may temporarily look worse for a few days after a DermaFrac™ treatment. _____ Client Initials

Patients that are undergoing a series of treatments: I acknowledge that complete compliance to my skin care program will enhance the outcome of my DermaFrac™ treatments. This includes the use of SPF 30 sun protection over the treated areas on a daily basis during my treatment series. _____ Client Initials

I understand that there can be no guarantee as to how effective the outcome of my treatment(s) will be. There also can be no **guarantee** that dark discoloration (e.g. hyperpigmentation or melasma), scar tissue, stretch marks, or fine lines and wrinkles will be reduced or fade. It has been explained to me, and I understand, that these conditions will respond much better when part of an overall skincare program. _____ Client Initials

I have read and initialed each paragraph and have been satisfactorily informed of the benefits, risks, and complications in regards to DermaFrac™ treatments. **I consent to this treatment today and for all subsequent DermaFrac™ treatments.**

Patient Signature: _____ **Date:** _____

Photographs are taken of your skin prior to starting a series of treatments, and again at the completion of your treatments for the purpose of documenting progress being made. I hereby authorize _____ to take photographs of me before, during, and after my treatment series.

Photographs are very helpful for educating other's with conditions similar to your own. Your name is never revealed without your consent. We are asking for your consent to allow us to use your photographs in the interest of medical education, knowledge or research.

(Check one): ☐ **I authorize** ☐ **I do not** authorize my photographs to be used or shown to others for the purpose of education.

Signature _____ **Date** _____