

# ESSENTIALS MEDI SPA

## Skin Imperfection Camouflage Consent Form & Post Care Instructions

Patient Name: \_\_\_\_\_ Treatment Date: \_\_\_\_\_

### I understand that a Skin Imperfection Camouflage treatment:

- Is an invasive procedure and there will be swelling immediately after and for several days more
- Involves a healing period, a follow up and a touch up are required.
- Will involve a numbing cream for your comfort, but some pain, discomfort & redness to the areas treated will be inevitable.
- May cause an allergic reaction (even if rare), and the allergy will be very difficult to treat.
- May involve known and unknown hazards related to the performance of the procedure and no guarantees are made as to what the results will be.
- The markings are permanent & there is a possibility of hyperpigmentation, especially in individuals prone to hyperpigmentation from scars or other injuries.
- Should not be done if I am under great physical or mental stress

I have read this section. Initial \_\_\_\_\_

### To determine if I am a good candidate, I have disclosed to the medi-spa professional if:

- I have taken Accutane within the last 6-12months (Accutane causes dryness and thins the skin, so it is not advisable to proceed).
- I have recently used Retin A, Vitamin A, or Retinol (it is recommended to stop the use of these products).
- I have open cuts, scratches or any form of rash.
- I have had Botox, filler, chemical peels, or any type of laser/light treatment within the last 2 weeks.
- I have a history of cancer or I am undergoing cancer treatments.
- I have epilepsy.
- I tend to form raised or keloid scars.
- I have a hormone imbalance.
- I have an immune system disease (Hepatitis C, Aids, HIV, or other)
- I take a blood thinner or I am hemophilic.
- I have diabetes or a heart condition (includes pacemakers).
- I have active or frequent cold sores.
- I have psoriasis, eczema, or another form of dermatitis.
- I have very sensitive skin or rosacea.
- I have a sunburn.
- I have an allergy to Latex or Pigment.
- I am pregnant, trying to become pregnant, or breastfeeding.

**Risks:** infections, allergy/anaphylaxis to pigment/aftercare products, pigment migration/spreading, fading, and other unknown risks.

I have read this section. Initial \_\_\_\_\_

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### What to do Before Treatment:

- ✓ Accutane/ Retin-A or Vitamin A should be stopped for 6-12 months prior (as per Health Canada guidelines)
- ✓ 24 hours before: no workouts, caffeine, alcohol, Aspirin/ASA, Advil/Ibuprofen, Niacin or Vit E
- ✓ 7 days before – no brow waxing/tinting/microdermabrasion/sun/tanning beds/sunless tanner
- ✓ Within 14 days of appointment refrain from having Botox/Filler/Chemical Peels/Laser Treatments
- ✓ Within 14 days before and after appointment stop using Retinol, or acidic products such as Alpha Hydroxy Acid (AHA), Beta Hydroxy Acid (BHA), Glycolic or Salicylic Acid.
- ✓ Call to postpone if you have any concerning health changes.

### What to do After Treatment:

- ✓ I've been told where to find post-care instructions at [www.essentialsmedispa.ca](http://www.essentialsmedispa.ca).
- ✓ I will not touch the treated area and surrounding area for 24 hours.
- ✓ I will not panic about the area appearing 20-40% darker and bolder. I know it will soften and lighten.
  - The complete healing process takes 6-8 weeks at which point the true colour will be evident, and further treatments may be booked.
- ✓ I will keep the area clean both in the morning and night.
  - Gently wash with a sensitive skin cleanser and water in the direction of hair growth.
  - I will not use a washcloth or sponge because of the bacteria present on those
- ✓ I will always have freshly washed hands when washing/changing my bandages.
- ✓ For 2-3 weeks vigorous exercise that may cause excessive sweating, and I will avoid hot environments
  - sunny days outdoors/tanning beds/saunas/hot tubs/pools or hot showers/baths
- ✓ I will apply a very thin layer of the post care treatment product Aquaphor for 7 days and I will reapply bandages/band-aids to the area if there is any bleeding still present.
- ✓ I will refrain from Botox, filler, strong chemical peels or laser treatments for 2 weeks.
- ✓ No makeup or skincare products on the treated area for 2 weeks.
- ✓ I will not pick, scratch, pull, or rub my skin as this will introduce bacteria that can harm my skin. Any scabbing or dry skin should naturally exfoliate off. Picking can cause scarring or undesirable pigmentation loss.
- ✓ For 1 year I will refrain from sun exposure and will use SPF 30 or higher when outdoors.

I acknowledge that I have read this information, have had an opportunity to ask all questions, and I give my consent to be treated by Sara K. This consent is valid for all future scar/stretch mark camouflage treatments. I will inform Sara or the staff when there are any future changes to my medical history. I accept full responsibility for any and all present and future medical treatments and expenses I may incur in the event I need to seek treatment for any known or unknown reason associated with this treatment. I understand if I have an infection, adverse reaction or allergic reaction, I must notify Sara K and seek treatment at walk-in, our clinic or the emergency room.

Print Patient Name: \_\_\_\_\_ Treatment Date: \_\_\_\_\_

**Signatures →** Patient: \_\_\_\_\_ Aesthetician: \_\_\_\_\_

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### PROCEDURE TRACKING

PROCEDURE PERFORMED: \_\_\_\_\_

DISPOSABLE TOOLS USED: \_\_\_\_\_ LOT # \_\_\_\_\_ EXPIRY: \_\_\_\_\_

PIGMENT TYPE(S) : \_\_\_\_\_ LOT # \_\_\_\_\_ EXPIRY: \_\_\_\_\_

PROCEDURE NOTES:

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AFTERCARE "HOW TO" INFORMATION PROVIDED, EXPLAINED, AND PATIENT UNDERSTANDS

AFTERCARE OINTMENT (AQUAPHOR) PROVIDED

MEDICAL AESTHETICIAN: SARA KURPJUWEIT

MEDICAL AESTHETICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_