

HYDRAFACIAL™ KERAVIVE™

Treatment Consent Form

HydraFacial Keravive is a unique, relaxing treatment designed to cleanse, stimulate, nourish, and hydrate the scalp for fuller and healthier-looking hair. As with most procedures, visible results from HydraFacial Keravive will vary from person to person.

What to expect:

- Your scalp may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on scalp sensitivity.
- You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.
- Client experiences may vary. Some clients may experience a delayed onset of symptoms.
- The combination of in-office cleansing, exfoliation and hydration, and daily use of the take-home spray improves circulation and nourishes the hair follicles for thicker, shinier, healthier-looking hair.
- The scalp can be susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 30 sunscreen.
- It is recommended to have the HydraFacial Keravive in-office treatment once a month for 3 consecutive months with continuous daily use of the take-home spray throughout.

Do you have any of the following?

- An autoimmune disease such as HIV, lupus, hepatitis, scleroderm _____ Yes No
- Scalp conditions such as eczema, dermatitis, or rashes _____ Yes No
- An active infection in the treatment area _____ Yes No
- Melanoma or lesions suspected of malignancy _____ Yes No
- Active sunburn _____ Yes No
- Pregnancy or lactation _____ Yes No
- Anticoagulants Therapy _____ Yes No
- Neurological disorders such as epilepsy _____ Yes No
- Infection in the urinary system including kidneys, bladder and urethra _____ Yes No
- Crohn's Disease _____ Yes No
- Hyperthyroidism _____ Yes No
- Deep Venous Thrombosis _____ Yes No
- Lymphedema _____ Yes No
- Open lesion _____ Yes No
- Active Acne/Inflammatory Acne _____ Yes No

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Have you recently?

- Used Minoxidil (Rogaine) or similar topical medications or non-medical treatments _____ Yes No
- Color-treated your hair or added extensions _____ Yes No
- Used Propecia or any other medications or supplements _____ Yes No
- Received a PRP treatment or hair transplant _____ Yes No

I acknowledge the following:

- Photos may be taken before, during and after the HydraFacial Keravive treatment. Photos will only be used with my written approval for education, promotion or advertising purposes.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the HydraFacial Keravive treatment by the staff at ESSENTIALS MEDI-SPA.
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with the HydraFacial System. This consent form is valid for all future HydraFacial Keravive treatments. I will alert the staff if there are any future changes to my medical history.

Print Name: _____ Signature: _____ Date: _____