dermaesthetique

Clinic Name:
Address:
Phone:

PATIENT CONSENT FORM

CLIENT INFORMATION DATE: _____

NAME: _____ D.O.B. _____

Pre-Treatment Photos Taken: ☐Yes ☐No

Do not sign this form without reading and understanding its contents.

ABOUT AQUAPURE

AQUAPURE is a non-invasive hydro-facial treatment that delivers clearer, more hydrated, refreshed and younger-looking skin. It is ideal for all skin types and targets uneven skin tone, oily/congested pores, dehydrated and dry skin, fine lines, and wrinkles.

The treatment uses three different solutions: for exfoliation, sebum control and collagen production. This three-step treatment cleans, refreshes and adds moisture and volume to the skin.

Individual results may vary.

WHAT TO EXPECT DURING AND AFTER AQUAPURE TREATMENT

AQUAPURE deep cleans and nourishes the skin using a select range of powerful natural ingredients, delivered directly to various layers of the skin to promote a rejuvenated, brighter and more glowing complexion.

The AQUAPURE range consists of:

- PEEL+ for exfoliating skin
- SEBO+ for acne prevention
- REJUVE+ for smoother skin
- ELECTROPORATION for enhanced delivery of ingredients
- MICRO-CURRENT to facilitate skin tightening by boosting elastin and collagen regeneration.

Your practitioner will advise on the correct combination of treatment for you.

POSSIBLE SIDE EFFECTS FROM AQUAPURE TREATMENT

Minor side effects, though rare, may include temporary redness or swelling caused by AQUAPEEL's micro-abrasive peeling function. These can last from 1-2 hours to a few days following treatment. However, this treatment is a great way to rejuvenate your skin with non-invasive, non-ablative methods.

Contraindications

AQUAPURE facial can be safely performed on all skin types. However, your practitioner must be aware of some conditions that could require AQUAPURE treatment to be avoided or postponed.

Among the important things to note are known allergies, open wounds and sores on the treatments area, current or recent aggressive skin treatments, and the like.

CONSENT FOR AQUAPURE TREATMENT

CLIENT'S DECLARATION

My signature on this consent form indicates that I have read and that I understand the information provided.

I acknowledge that there is no guarantee that dark discoloration of skin will reduce or fade. The appearance of pigmentation may improve or darken with successive treatments. I acknowledge the need for proper skin care home regimen. _____ (initial here)

I acknowledge that my skin might experience temporary irritation, tightness, or redness, which usually dissipates within 72 hours depending on skin sensitivity. _____ (initial here)

I have disclosed my history of allergies above. _____ (initial here)

I consent to the use of my before, during and after facial procedure photographs for education, promotion or advertising purposes. My name will not be used to identify these photographs without my written approval. _____ (initial here)

I consent to the treatment described, and I agree to comply with the requirements placed on me by this consent form. I have read this form and understand it, and I request the performance of the procedure.

Client's NAME: _____

CLIENT's SIGNATURE: _____ DATE _____

THERAPIST'S DECLARATION

I have fully explained to the patient the nature and purpose of the AQUAPURE treatment and the potential risks associated with the treatment. I have asked the patient if he/she has any questions regarding this treatment or the risks associated with it, and have answered all questions to the best of my ability.

THERAPIST'S NAME: _____

THERAPIST'S SIGNATURE: _____ DATE: _____

AQUAPURE