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Rodonaia  
Family Medicine  
& Aesthetics

## Aesthetic Consent Form

For Diamond Microdermabrasion, Ultrasound, Glycolic, AHA, BHA & other Epidermal Peeling Procedures

Prior to receiving this treatment, I have been candid in revealing any conditions that be considered as contraindication for this procedure ( i.e., Pregnancy, recent Facial Surgery, Botox or other Collagen Filler injections, Micro-pigmentation, Micro-dermabrasion, Allergies, tendency/history of Cold Sores/Fever Blisters (Herpes Simplex), use of Retin-A, Tretinoin, Differin, Accutane, any topical Contraceptives/Hormone Replacement Therapy (HRT), or anti coagulants (blood thinners).

I understand that there may be some degree of minor discomfort (i.e., stinging, hotness, tightness, burning or itching sensation) and that frosting, scabbing, swelling and crusting are all common symptoms during healing process.

I understand that this in an aesthetic procedure and that to achieve maximum results, I may need multiple treatments over a period of time and that results are expected at no less that four treatment procedures.

I understand that at anytime, I may be referred to a Dermatologist for an advanced skin diagnosis and an advanced skin care treatments.

I understand that although complications are very rare, sometimes they occur and that prompt attention/treatment is necessary. In the event of any complications, I will immediately contact the aesthetician who performed the procedure.

I have been advised and I understand that I cannot undergo any hair removal/epilating services, and I must avoid any acid based defoliant products for at least 48 hours following this procedure.

I understand and have been informed that any sun exposure following this treatment can result in Hypo/Hyper-pigmentation of the skin and the use of sun-screen is mandatory.

I hereby agree to all of the above and to follow all prescribed directions regarding post treatment care.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Aesthetician Signature \_\_\_\_\_ Date \_\_\_\_\_