

**THE HEALTHY IMAGE CENTRE**

**PATIENT INFORMED CONSENT FORM**

**HydraFacial**

I hereby authorize Dr. Jerry Tan, or a certified staff member, under Dr. Jerry Tan’s supervision to perform HydraFacial on me. I understand that this procedure works on promoting vibrant and healthy looking skin. I understand that multiple treatments are required and it is possible the result will be minimal or not help at all.

I am aware of the following possible experiences/risks:

- **TEMPORARY IRRITATION** – This is a normal reaction that typically resolves within 72 hours depending on skin sensitivity.
- **REDNESS**– Short term redness (erythema) of the treated area is common and may occur.
- **TIGHTNESS/DRY SKIN** – Treatment may result in tight and/or dry skin.
- **TINGLING/STINGING** – Tingling/stinging in the treatment area can be expected. These sensations generally subside within a few hours.
- **INCREASED SUN SENSITIVITY** – The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 40 sunscreen.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatments such as other procedures, topical, or surgery
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr. Jerry Tan and his staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I here by do\_\_\_do not\_\_\_authorize the use of my photographs for teaching purposes.

I acknowledge the following:

- I will avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinols that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre and post-treatment.
- Photos may be taken before, during and after the HydraFacial 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 treatment by the staff at Healthy Image Center.
- This consent form is valid for all future HydraFacial treatments. I will alert the staff if there are any future changes to my medical history.

**ACKNOWLEDGMENT**

**BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR HYDRAFACIAL TREATMENT, AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY MY HEALTHCARE TEAM.**

\_\_\_\_\_  
**Signature-Patient or Guardian**

\_\_\_\_\_  
**Print Name/Relationship**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature-Witness**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**