



**nourished**  
MEDSPA AND WELLNESS CENTER

## CONSENT FOR TREATMENT

### HydraFacial™ Therapy

#### PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested HydraFacial™ therapy, which is used to treat skin tone and texture, acne breakouts and general skin health. The procedure may require multiple sequential treatments. Every individual is unique and it is very difficult to guarantee a specific number of treatments needed. Results vary with the individual and in the case of acne and sun damage depend on the amount of acne and compliance with recommended adjunctive measures and skincare. HydraFacial™ MD treatments can be done monthly for optimal results and any time before special events.

#### PROCEDURE

HydraFacial is the only hydradermabrasion procedure that combines cleansing, exfoliation, extraction, hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with little-to-no downtime. The diamond-tip applicator provides a microdermabrasion as well. I understand that a chemical peel is also part of the HydraFacial™

#### RISKS AND COMPLICATIONS

- Common side effects such as slight redness usually subside within a few hours after treatment.
- Uncommon side effects such as bruising, skin irritation and exacerbation of skin breakout can occur.
- Rarely, allergic reaction, pigment changes of freckles, moles or skin such as hypopigmentation (lightening) or hyperpigmentation (darkening) can occur and may resolve, but can be permanent. Scarring and textural changes are also rare side effects but can result from this procedure. There may be risks not yet known at this time.
- Side effects can worsen with sun exposure and daily use of a good quality SPF is very important and highly recommended.

#### BENEFITS

You will likely see results immediately after treatment and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.

#### ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: dermaplaning, microdermabrasion, ablative laser resurfacing, and more.

#### QUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

#### CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic's general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform HydraFacial™ therapy and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of

the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

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<b>Patient Name (please print)</b>	<b>Patient Signature</b>	<b>Date</b>
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<b>Performed by (please print name and title)</b>	<b>Practitioner Signature</b>	<b>Date</b>
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