



Spicule Treatment Pre- and Post-Treatment Consent Form

Please read the following and initial after each statement, acknowledging your consent

PRE-TREATMENT INSTRUCTIONS:

Contraindication for Spicule Treatment:

Dermatitis (eczema, psoriasis, etc.)

Shellfish Allergy

Sunburn

Severely Impaired Barrier

Severe Inflammation

Diabetes (or other conditions that cause impaired healing)

Not for clients who pick their skin

If you have been on accutane, you must be off for at least a year prior to treatment

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- Do not use any heavy moisturizers or hydrating masks 48 hours prior to treatment. ____
 - Do not exfoliate for at least 72 hours before treatment ____
 - Discontinue exfoliating topicals 5 days before your spicule treatment. ____
 - Discontinue use of Retin A, Retinols, Vitamin A creams and other topic medications for 7 days before your spicule treatment. ____
 - Higher Fitzpatrick- I acknowledge it is highly recommended to be using a tyrosinase inhibitor several weeks prior to treatment to reduce the risk of PIH. ____
 - I acknowledge it is recommended to pretreat my skin for the best results. The price of the peel includes the Demethod O2 Tox Peel. We highly recommended you use this 3x/week for at least week (stopping 1 week before treatment) ____
 - If you have a history of cold sores, we may recommend you use prophylactic antiviral therapy before your treatment. If so, follow the directions prescribed by your Doctor. ____
 - During the course of your treatments, notify your Aesthetician of any changes to your medical history, health status, or personal activities that may be relevant to your treatment. ____
 - I give consent for *Jubilation Spa* to take and use "before and after" photos for documentation, educational, and promotional purposes. ____



SPICULE TREATMENT POST-TREATMENT INSTRUCTIONS:

- Do not cleanse, apply moisturizer, makeup or SPF for the first 24 hours _____
- Avoid spending time in the sun. if you have to be outdoors (i.e. driving to and from work, walking from your car to the house, etc.,) make sure to wear a protective hat _____
- Avoid Exercise, excessive heat, and anything that would raise the body's internal temperature (i.e sauna, hot showers) for the first 72 hours_____
- Do not exfoliate the skin for at least 7 days after the skin has stopped peeling_____
- Do not pick/peel the skin, doing so may cause PIH_____
- After the first 24 hours protect the skin by wearing a lightweight moisturizer (like ISOV Azulene Emulsion or Storyderm Clinic A Cream) and SPF 30+. Stay out of the sun when possible._____
- For best results and efficacy, we recommend a series of 3 treatments administered at 3-4 week intervals_____
- I understand that while the goal of this treatment is to improve the vitality of the skin, no specific guarantees of the result can or have been made_____

Waiver:

I am over 18 years of age, have personally completed the intake form, and all information I have provided is true and correct. I understand that esthetic skincare is not a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. Because skincare services should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.

I understand that if I have any concerns, I will address these with my skin care specialist. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skincare specialist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above form and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks.

I fully assume responsibility for receipt of the spicule treatment, and release and discharge, and will fully indemnify and defend the therapist from and against any and all causes of action, claims, liabilities, and damages, other than gross negligence, arising from treatment received.

Signature: _____ Date: _____