

Progressive Laser LLC

"Science enhancing Beauty..."

HydraFacial, MD Consent and Release Form

Please read carefully, complete, sign and date this form prior to your procedure



Name: _____

Phone: _____

Absolute Contraindications

- Accutane or similar medications
- Autoimmune diseases, HIV, Lupus, Hepatitis, Scleroderma
- No active infection in the treatment area
- Melanoma or lesions suspected of malignancy
- No active sunburn
- Pregnancy
- Breast feeding
- Epilepsy (Contraindicated for LED therapy)

Relative Contraindications

- Anticoagulant therapy (lower settings)
- Botox (wait 5-7 days)
- Fillers (wait 7-10 days)
- Chemical peels (wait 30 days)
- Laser treatments (wait until lesions are healed, swelling & redness has resolved)
- Keloids (avoid direct contact)
- Rosacea/Telangiectasia (lower setting)

Please check if you have an allergy to any of the following:

- Shellfish Glycolic Salicylic Aspirin Sulfur

Initial each acknowledgment line below

1. I acknowledge that my skin might experience temporary irritation, tightness, or redness, which usually dissipates within 72 hours depending on skin sensitivity. _____
2. I acknowledge that if I fail to use a minimal sunscreen (SPF 30) and follow the direction for use, I am more susceptible to sunburn, sun damage & hyperpigmentation. I should avoid excessive sun exposure especially between 10am-2pm. _____
3. I have disclosed my history of allergies above and I acknowledge that I may experience an allergic reaction. _____
4. I acknowledge that I should avoid use of aggressive exfoliation, waxing, and products containing acids that are not part of the recommended take-home regimen in the treated areas for minimum 1 week pre and post-treatment. _____
7. I release Edge Systems, _____(esthetician), and staff of Progressive Laser from any and all liability associated with any injuries and/or current/future conditions resulting from the skincare procedures or products. _____
8. By signing below, I certify that I have read and fully understood the contents of this consent form, and that the information I provided above are complete, accurate, and up-to-date to my knowledge.

Client Signature: _____ Date: _____