



## Dermasweep® Consent

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### What is Dermasweep®?

Dermasweep® is an advanced, non-invasive exfoliation procedure that is beneficial for treating fine lines/wrinkles, sun-damaged skin, superficial age spots, acne, oily skin and hyperpigmentation.

The goal of Dermasweep® is to improve overall skin tone and texture. By removing superficial skin layers, Dermasweep® helps extract skin impurities and increases cell turnover which slows down with age. This procedure involves the use of a vacuum and a bristled tip to gently exfoliate the skin and increase blood circulation while stimulating collagen and fibrin formation for better elasticity. This procedure can be complimented by the use of topically applied (or the infusion of) solutions like Jessner's and/or TCA for chemical peeling. When this combination treatment is used, it is known as Dermasweep® with Infusion.

### What can I expect?

During your treatment, the provider will use a bristled tip and gently pass it over your skin, following the curves of your face. The Dermasweep® machine uses a vacuum to draw the skin into the wand, removing debris and skin impurities like dead skin cells. Again, this is a mechanical exfoliation of the epidermal layer that improves the skin's brightness and texture. The procedure is not painful and feels like a light scraping of stiff bristles against the face. The following can be expected after Dermasweep® with infusion:

- Immediate skin pinkness or redness which can last up to 3 days
- Dryness and itching of the skin
- Tight feeling of the skin for 2-3 days
- Skin peeling or flaking (which can last up to 10 days, depending on the peel strength)
- Swelling of the face (particularly around the eye area) which can be alleviated with cold compresses

### What are the side effects, risks, and possible complications?

- Discomfort
- Acne flare up
- Color changes of the skin (usually last about 7 days, but may be permanent)
  - Hypopigmentation (lighter skin areas)
  - Hyperpigmentation (darker skin areas)
- Bruising or swelling
- Redness that may last longer than 3 days
- Itching and tight feeling of the skin for longer than the usual 2-3 days
- Irritation/skin peeling or flaking starting on day 2-5, continuing up to 10 days
- Infection (redness, pus, oozing, fevers)
- Herpetic outbreak (cold sores) on the lips or other areas, which can spread if untreated
- Allergic reaction to any of the chemical peels used
- Sensitivity to wind or sun after procedure
- Scarring or keloids (while severe and unusual, this is possible)

## Who should NOT have Dermasweep®?

You should NOT have Dermasweep® if you have any of the following conditions. Please check all that apply.

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Have an autoimmune disease              | <input type="checkbox"/> Circulatory disorders          | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Had surgery in the past 6 months        | <input type="checkbox"/> Are pregnant or lactating      | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Have active cold sores (herpes simplex) | <input type="checkbox"/> Have a current viral infection | <input type="checkbox"/> Warts     |
| <input type="checkbox"/> Allergic reactions/hypersensitivity     | <input type="checkbox"/> Hyperpigmentation disorders    |                                    |
| <input type="checkbox"/> Tend to develop keloids or raised scars | <input type="checkbox"/> Eczema                         |                                    |

## Medical History

Drug allergies: \_\_\_\_\_

Are you currently taking any prescription topical or oral medications?  Yes  No. If yes, please list:

\_\_\_\_\_

Are you currently using any vitamin A topical agents such as Retin-A or Renova?  Yes  No

Do any of your current skin care products contain Glycolic or Salicylic Acids?  Yes  No. If yes, please list: \_\_\_\_\_

Have you had any exposure to the following in the last 6 months? Check all that apply.

- |   |   |                                       |                                     |
|---|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Laser treatments           | <input type="checkbox"/> Chemical peels | <input type="checkbox"/> Tanning beds | <input type="checkbox"/> Injections |
| <input type="checkbox"/> Prescription facial creams | <input type="checkbox"/> Facial surgery | <input type="checkbox"/> Bad sunburns | <input type="checkbox"/> Accutane   |

## Informed Consent

- I have been satisfactorily informed and educated about this skin care procedure and post care instructions.
- I have had a chance to ask all of my questions regarding this treatment.
- I certify that the above information I have provided is true and correct to the best of my knowledge.
- I understand that there is no guarantee this treatment will improve my condition and that results may vary.
- I agree to follow the recommended post treatment instructions to ensure the best results from today's treatment.
- I will not hold the Vega MedSpa, its owners, or its employees responsible for the results I experience.
- I will immediately notify Vega MedSpa's providers should I have any further questions or concerns after today's treatment.
- I have read this document and understand its contents.

Client Name: \_\_\_\_\_

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

## Consent valid for 12 months

- I have reviewed the above information with the client, answered all questions, and have provided post care instructions to ensure the best possible outcome.

Clinical Staff Name: \_\_\_\_\_

Clinical Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_