

DIAMOND GLOW®

PATIENT CONSENT FORM

DiamondGlow® is a next-level skin-resurfacing technology that simultaneously exfoliates and extracts, while infusing skin with targeted serums to address specific skin quality concerns.

Please review and initial the following statements prior to your DiamondGlow® treatment:

- ____ I acknowledge that I might experience a scratchy, stinging sensation during the treatment. This sensation will subside during the post-treatment protocol shortly after the treatment is finished.
- ____ I understand that if I fail to use sunscreen, I am more susceptible to sunburn and hyperpigmentation.
- ____ I acknowledge that I have not been on medication for acne therapy during the past 6 months.
- ____ I acknowledge that I have not been using retinoids or any other exfoliating products for the past 3 days and I will discontinue the use of retinoids for 1 to 3 days after the procedure.
- ____ I acknowledge that facial telangiectasia (small blood vessels) is sometimes more apparent immediately after the treatment, when the skin is thin, and will diminish after my skin has recovered from the treatment.
- ____ I agree to remove my contact lenses prior to the procedure (if applicable).
- ____ I have informed my skincare specialist that I am prone to cold sores and I am currently not experiencing an outbreak. I acknowledge that any area around the mouth or face that is prone to cold sores will be avoided during the treatment (if applicable).
- ____ I have informed my skincare specialist of potential allergies to nickel.

Uses

The DiamondGlow® device is a general dermabrasion device that gently removes the top layer of skin and delivers topical cosmetic serums onto the skin.

Please see back page for Important Safety Information and the SkinMedica® Pro-Infusion Serums Disclaimer.

- ____ I understand that the skincare specialist performing the treatment uses tools that are either disinfected or disposable.
- ____ I acknowledge that my skin may experience temporary tightness, mild erythema (redness), or slight swelling, which should dissipate in a few hours following the treatment.
- ____ I understand if I am **pregnant** or **lactating**, have **rosacea**, **salicylate/aspirin sensitivity**, or an outbreak of any skin condition, I should consult with my physician prior to receiving the DiamondGlow® treatment.

I hereby agree to have the DiamondGlow® treatment performed on my skin by a trained operator and to follow all post-treatment protocols.

Print name: _____ **Date:** _____

Signature: _____ **Date:** _____

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Important Safety Information

The DiamondGlow® treatment is not for everyone. You should not have a DiamondGlow® treatment if you have compromised skin quality. Tell your provider if you are pregnant or lactating, or if you have any medical conditions, including allergies, and if you are using topical medications on the area to be treated.

Typical side effects include a scratchy, stinging sensation during the treatment and temporary tightness, redness or slight swelling after the treatment. Rare serious side effects may also occur and include severe skin irritation and allergic reactions.

SkinMedica® Pro-Infusion Serums Disclaimer

SkinMedica® Pro-Infusion Serums are intended to meet the FDA's definition of a cosmetic product, an article applied to the human body to cleanse, beautify, promote attractiveness, and alter appearances. These products are not intended to be drugs that diagnose, treat, cure, or prevent any disease or condition. These products have not been approved by the FDA and the statements have not been evaluated by the FDA.

Please talk to your provider for additional information.