

DERMALINFUSION[®]

PATIENT CONSENT FORM

Envy Medical's exclusive Dermalinfusion is an advanced skin-resurfacing treatment that simultaneously exfoliates, extracts, and infuses skin with condition-specific serums to improve skin health, function and appearance.

_____ I acknowledge that I might experience a scratchy, stinging sensation during the treatment. This sensation will subside during the post-treatment protocol.

_____ 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 six months. I acknowledge that I have not been using retinoids for the past 3 days and I will discontinue the use of retinoids for 1-3 days after therapy.

_____ 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 re-epithelialization (build up of dead cells).

_____ I agree to remove my contact lenses prior to the procedure (if applicable).

_____ I acknowledge that any area around the mouth or face that is prone to cold sores will be avoided during the treatment, and that I should avoid all treatments during an outbreak.

_____ I understand that my physician and/or the operator 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.

_____ I understand if I am **pregnant, lactating**, have **rosacea, salicylate/aspirin sensitivity**, or an outbreak of any skin condition, I should consult with my physician prior to receiving the Dermalinfusion treatment.

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

Print Name _____

Date _____

Signature _____

Date _____