HYDRAFACIAL CONSENT FORM

(For Deep Cleansing, Hydration, and Skin Rejuvenation)

Patient Name: _____

Age / Gender: _____

Contact No.: _____

Date: _____

1. Procedure Description

HydraFacial is a non-invasive facial rejuvenation treatment that combines cleansing, exfoliation, extraction, hydration, and antioxidant infusion in one procedure. It helps improve skin texture, tone, and overall radiance while addressing fine lines, enlarged pores, and dullness.

2. Purpose of Procedure

The purpose of this procedure is to deeply cleanse and hydrate the skin, remove dead cells and impurities, and enhance skin glow and smoothness. It is suitable for all skin types, including sensitive skin.

3. Possible Risks and Side Effects

I understand that the following risks and side effects may occur:
- Temporary redness or mild irritation.
- Slight tingling or tightness during and after the treatment.
- Rarely, mild breakouts or purging as impurities are cleared.
- Allergic reaction to serums (rare).
- Slight peeling in the days following the procedure.

4. Pre & Post Procedure Instructions

Pre-Procedure:

- Avoid using active creams such as retinoids, AHAs, or BHAs 3 days prior.
- Do not undergo chemical peels, laser, or waxing 5–7 days before treatment.
- Inform your doctor of any active skin conditions or allergies.

Post-Procedure:

- Avoid touching or applying makeup for at least 6 hours after treatment.
- Do not use exfoliating products or active serums for 2–3 days.
- Avoid sauna, steam, gym, or direct sun exposure for 24–48 hours.
- Apply sunscreen regularly and stay hydrated.
- Follow your doctor's post-care recommendations.

5. Acknowledgment

I acknowledge that the nature, benefits, and potential side effects of the HydraFacial have been explained to me. I understand that results vary depending on skin condition and maintenance sessions may be required. I have had the opportunity to ask questions and all my doubts have been clarified. I voluntarily consent to undergo HydraFacial treatment.

6. Consent

Patient Name: _____

Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____

Doctor's Name & Signature: _____