HydraFacial MD™ SYSTEM

Owner's Manual

$10.00

EDGE SYSTEMS CORPORATION

2277 REDONDO AVENUE
SIGNAL HILL, CA 90755
USA

PHONE: (800) 603-4996 or (562) 597-0102
FAX (562) 597-0148

P/N: 19196-A

Eunsung v. HydraFacial
IPR2025-00445
HydraFacial Ex. 2033

TABLE OF CONTENTS

I. INTRODUCTION

II. SAFETY PRECAUTIONS

III. QUICK SET-UP GUIDE

1. **Package Contents**
2. **Full Set-up**
3. **Controls & Functions**
4. **Installation**
   - **Handpiece Holder(s)**
   - **Waste Container**
   - **Handpiece(s)**
   - **Serums**
5. **Operation**
   - **On, Off, and Standby/Sleep Modes**
   - **Touch Screen**

IV. PREVENTIVE MAINTENANCE & SYSTEM CLEANING

V. TROUBLESHOOTING

VI. LIMITED WARRANTY

VII. APPENDIX: Patient Questionnaire & Consent Form (Example)

I. INTRODUCTION

Thank you for purchasing the HydraFacial MD™ System, a revolutionary breakthrough in aesthetic technology! The HydraFacial™ is the next generation of exfoliation and skin rejuvenation done simultaneously. The process removes dead skin cells and impurities while simultaneously infusing the new skin with cleansing, hydrating and moisturizing serums & antioxidants. The treatment is soothing, refreshing, non-irritating and very effective. You can have the utmost confidence in this high-end system manufactured by Edge Systems Corporation.

II. SAFETY PRECAUTIONS

1. Always begin treatment conservatively and observe the effect by touch and appearance of the skin. The HydraFacial™ process, if not properly managed, may cause an inflammatory response and the skin can be damaged.
2. Make sure all operators of the HydraFacial MD™ System are trained before using the unit. Do not operate the unit before being trained. If you have any questions regarding training, call your salesperson or call **Edge Systems Corporation at (800) 603 4996 or (562)-597-0102**.
3. Be sure to read the Owner's Manual thoroughly before setting up the system.
4. Make sure that a clean handpiece tip is used for each procedure. The HydraPeel™ tips are for single use.
5. Always do a test on the patient's inner arm or behind the earlobe to determine the vacuum setting (intensity) and check for any adverse reactions such as excessive reddening or patient pain.
6. Always start the patient at a low vacuum setting and increase the intensity depending on the patient's comfort. Note: each patient's skin condition and pain threshold are different. In light of these variables the suggested setting will vary for each patient. The settings suggested in the on-screen protocols reflect the pressure when the handpiece is occluded against the skin. Every individual's skin is unique. Refer to the recommended settings as a guide, not a guarantee.
7. Always do a pre-treatment work-up on patients who have thin skin or rosacea to determine if the patient is a candidate for treatment. In addition, if the patient is taking Accutane or exhibits any other adverse skin or physical conditions, do not proceed until the patient receives a physician's approval.
8. Edema and erythema can occur following treatment, but will resolve within 24 hours. There should **NEVER** be any pain in response to the treatment. **(Overly aggressive techniques can cause mild flaking over the next 3-4 days.)** If the epidermis is treated too aggressively, bleeding in the superficial dermis can occur. If this happens, discontinue treatment immediately.

9. The HydraFacial™ process should not be used on sensitive areas such as the eyelids and lips. When treating the lip area, do not cross the vermilion border. The eyelids should be closed at all times during the procedures and covered with protective eyewear or damp cotton pads. Sterile eye rinse solution should be available at all times to rinse the eyes, should this become necessary.
10. The Edge System™ serums should not be reused under any circumstances. Reusing contaminated serum can cause harm to the client and will void all warranties.

The following are contraindicated for the HydraFacial™ process. (For a more detailed list, please refer to the Sample Patient Questionnaire & Consent Form in the APPENDIX.) Please consult the patient's physician prior to treatment when any of these conditions or any other related conditions are present.

- Warts
- Herpes / Cold Sores
- Skin cancer / Tumors
- Moles
- Birth marks
- Accutane use
- Angioma
- Impetigo
- Open lesions

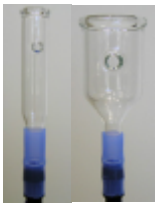
11. All jewelry and contact lenses must be removed prior to treatment.
12. Make sure the patient's skin is thoroughly washed and cleansed with a non-oil based cleanser prior to treatment. Remove all make-up and lipstick. **Any oils, make-up, and cleaning material such as cotton fibers will clog the machine**.
13. Drain the waste container into an appropriate waste container and dispose of waste matter according to your waste handling protocol.
14. The patient should have a sun block of 15 or greater applied after the treatment and should use sunscreen on an ongoing basis.
15. Water or liquids should not be used around the unit, and the unit should not be used in a steamy room. The Edge System™ serums, appropriately installed in the manifolds and contaminated waste in the supplied waste container, are the only fluids that should be in the immediate vicinity of the unit.
16. Liquid should only be suctioned through the HydraPeel™ handpiece. **Do not suction liquids through the dry port located on the side of the unit. This will damage the unit and is not covered by the warranty**.

III. QUICK SET-UP GUIDE

1. PACKAGE CONTENTS:

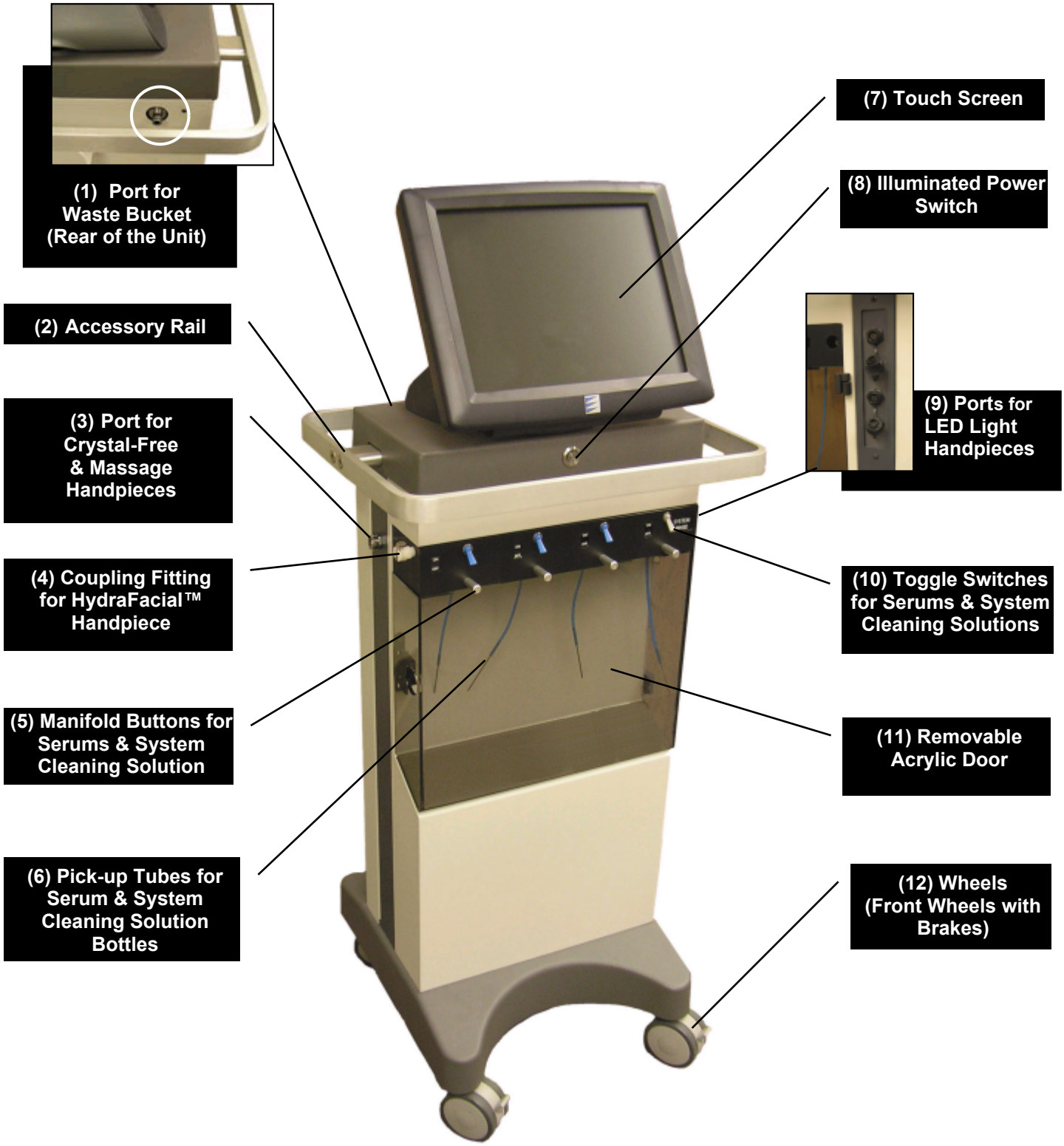
- Unpack the unit and accessories from the packaging. Retain the original packaging in case you need to ship the unit for any reason. **CAUTION: The unit is large & heavy and should not be lifted alone.**
- Check for shipping damage. If you see visible damage, make a claim with the carrier immediately. (The packaging has been tested to UPS standards).
- Verify that all appropriate items have been received. See below for details.

HydraFacial™	
UNIT	**HANDPIECE ASSEMBLY**
	HYDRAPEEL™ TIPS
WASTE CONTAINER ASSEMBLY	**SERUMS**
WASTE CONTAINER CLAMP (TO ACCESSARY RAIL)	**HANDPIECE HOLDER**

OTHER MODALITY OPTIONS		
Diamond Crystal-Free	**Massage Therapy**	**LED Light Therapy**
DRY HANDPIECE ASSEMBLY		**RED LIGHT HANDPIECE**
HANDPIECE	**HANDPIECE CUPS** 	**BLUE LIGHT HANDPICE**
CRYSTAL-FREE TIPS		**LIGHT HANDPIECE HOLDER**
ABRASIVE-FILTER PADS		

2. FULL SET-UP:

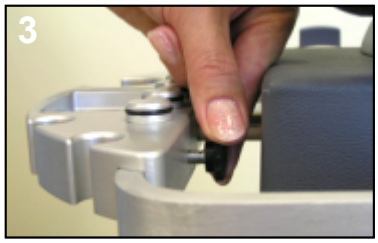
3. CONTROLS & FUNCTIONS:

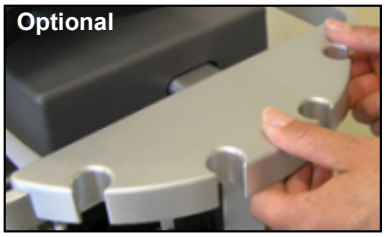


4. INSTALLATION:

1) ATTACH THE HANDPIECE HOLDER(S)

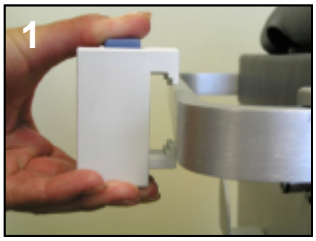
1. Loosen the thumbscrews on the handpiece holder(s).
2. Attach the handpiece holder to the accessory rail
3. Tighten the thumbscrews to lock the handpiece holder(s) in place.

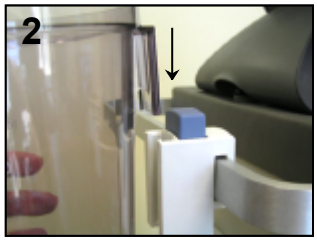


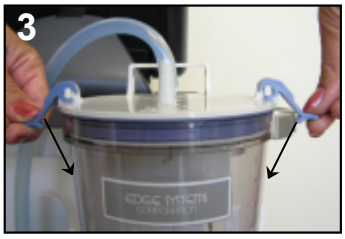


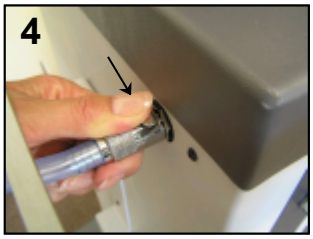
2) ATTACH WASTE CONTAINER

1. Clip the waste container clamp onto the accessory rail.
2. Insert the waste container into the clamp.
3. Attach & seal the lid to the waste container.
4. Plug the tubing into the port on the upper right-hand rear of the unit.



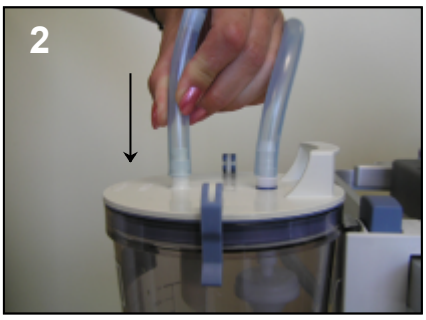


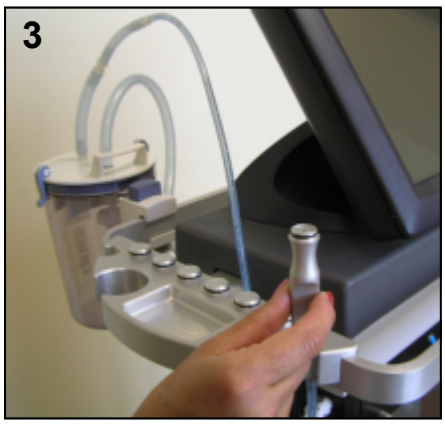


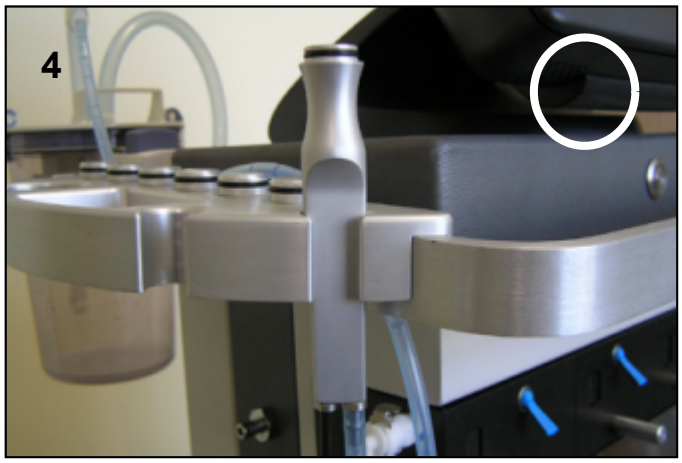


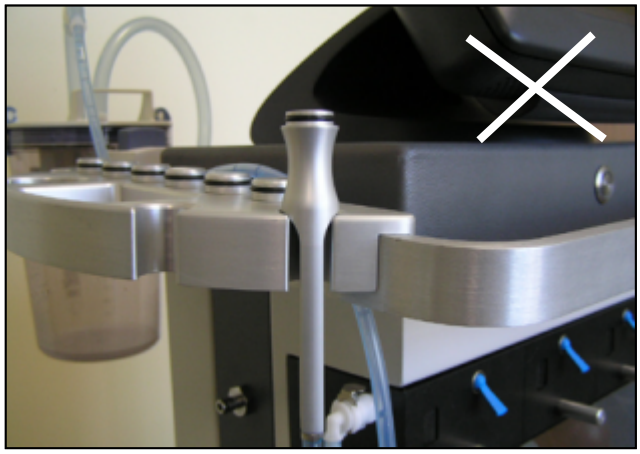
3) INSTALL THE HYDRAFACIAL™ HANDPIECE

1. Plug the small tube attached to the HydraFacial™ handpiece into coupling fitting.
2. Connect the large tube attached to the handpiece into the waste container.
3. Place the HydraFacial™ handpiece into the handpiece holder.
4. Make sure that the handpiece sits firmly in the holder as indicated on next page.



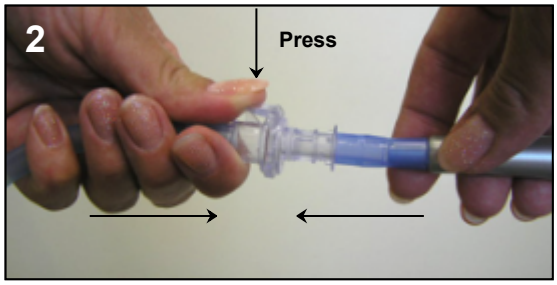


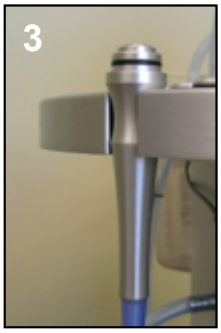


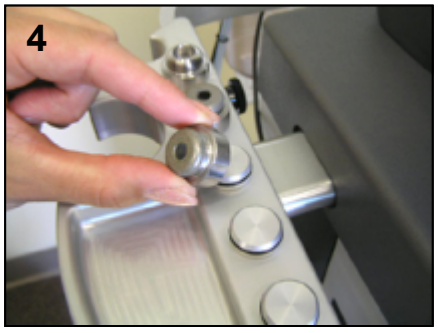


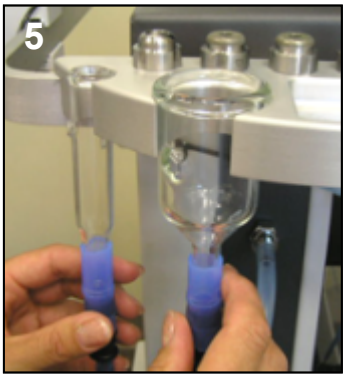
4) INSTALL CRYSTAL-FREE AND/OR MASSAGE HANDPIECES (OPTIONAL)

1. If you have purchased the optional kit(s), plug the metal tube coupling attached to the Dry Handpiece Tubing into the port on the side of the machine.
2. Plug the plastic coupling on the other end of the tubing into the Crystal-Free handpiece. To connect the tubing, simply press the two halves together until you hear them click into place. To disconnect the coupling halves, press the thumb latch button and gently pull the two halves apart.
3. Place the handpiece in the handpiece holder
4. Place the crystal-free tips on the tip stations on the holder.
5. If you have purchased the optional Lymphatic Massage Kit, the Massage Cup handpieces can be placed into the handpiece holder.



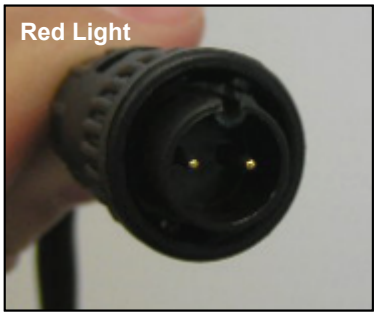


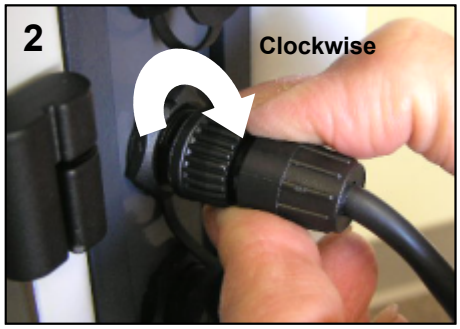




5) INSTALL LED LIGHT THERAPY HANDPIECES (OPTIONAL)

1. If you have purchased the optional Light Therapy Kit, plug in the red and/or blue light handpieces into the ports on the other side of the unit. The ports are color-coded (2 blue ports above 2 red ports) and keyed and the connectors must be aligned. Line up the notch on the cable end connector of the handpiece with the tab on the port.
2. Insert the cable end connector and twist its lock ring clockwise to lock the connector into the port. You should feel the connector click as it locks into place.
3. Place the light handpieces on the handpiece holder.





6) INSTALL SERUM BOTTLES

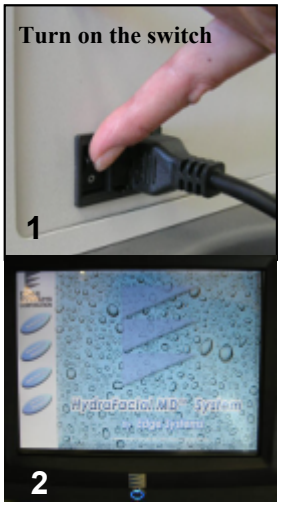
1. Please note that the Rinseaway™ System Cleaning Solution should be installed in the manifold with the ***gray*** toggle switch labeled "SYSTEM RINSE".
2. Open the front door. Remove the small top cap of the serum bottle and use the puncture pickup tube to pierce the seal inside the bottle. ***Enlarge the hole with the metal end.***
3. Press & hold each manifold button as you insert each bottle into the manifold, and then release the button.

- The toggle switches control which serum bottle is being used. When a switch is in the OFF position, no fluid will be drawn from that bottle. When a switch is in the ON position, fluid will be drawn from that bottle. **ALWAYS KEEP THE "SYSTEM RINSE" TOGGLE SWITCH (GREY) *OFF* WHILE DOING TREATMENTS.**

5. OPERATION:

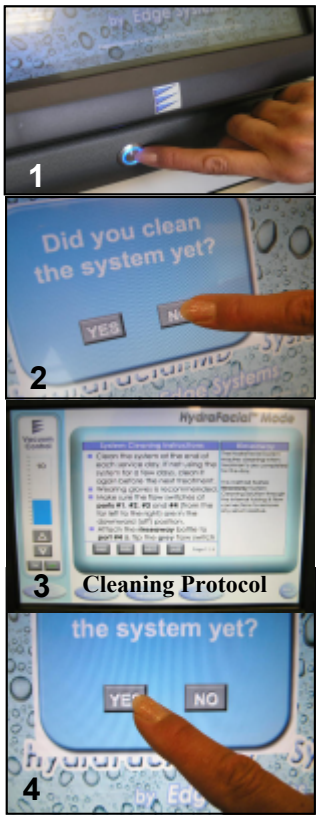
1) ON, OFF & STANDBY MODES:

To Turn The System ON:



1. Verify the switch on the power entry module located on the back of the unit is in the **OFF (O)** position. Connect the power cord to the power entry module and plug the plug into a grounded wall plug. Switch the power entry module switch to the **ON (I)** position.
2. The Illuminated Power Switch will light up blue. The machine should begin its boot up cycle at this point. The touch screen should display a boot up sequence (like normal personal computer). When the main page appears on the screen, the system is ready for use.

Standby/Sleep Mode:



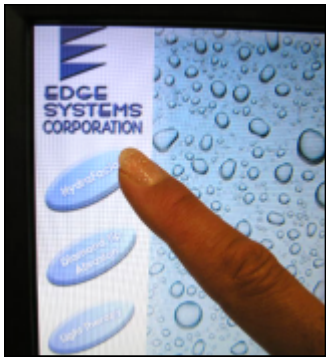
1. Press the Illuminated Power Switch and a "System Cleaning Reminder" will appear on the screen.
2. If you have not cleaned the serum stations, press **NO** and the System Cleaning Protocol screen will appear.
3. If you have cleaned the serum stations, press **YES** and the system will go into standby mode.
4. You must clean the serum stations before you can turn the system off or switch to the standby mode. **ALWAYS TURN TO THE STANDBY/SLEEP MODE AT THE END OF EACH DAY.**

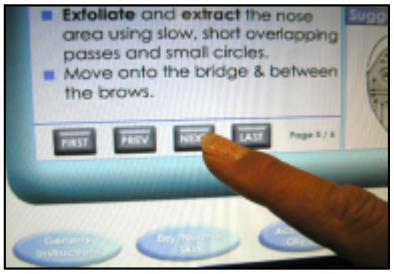
To Turn The System OFF:

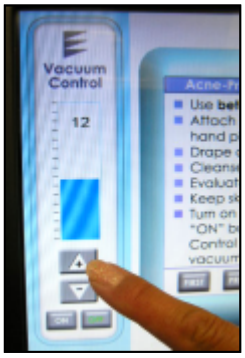
1. Switch the power entry module switch on the back of the unit to the **OFF** position, and the machine is completely shut off.

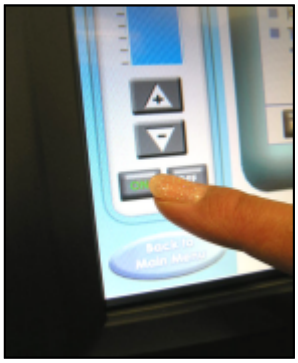
2) TOUCH SCREEN OPERATION:

1. Most of the controls for operating HydraFacial™ system are accessed via the touch screen.
2. To work the touch screen, *lightly* ***tap*** the buttons displayed on the screen with your ***fingertip*** (not fingernail). This will cause the unit to perform a variety of functions. ***If the button does not seem to work, verify that you have actually pressed on the button and did not miss it.*** For details on these screens consult the **Service Protocol Manual**.
3. There may be a 0.5 second delay when you press the buttons on the touch screen, so do not press the same button repeatedly if it does not respond immediately.
4. The touch screen has been preset for optimal performance with the HydraFacial™ program. Thus, you cannot and will not need to adjust the monitor.









IV. PREVENTIVE MAINTENANCE AND SYSTEM CLEANING:

1. TOUCH SCREEN

1. To avoid risk of electric shock, do not disassemble the unit cabinet. The unit is not user serviceable. **REMEMBER TO SHUT DOWN SYSTEM AND UNPLUG IT FROM POWER OUTLET BEFORE CLEANING**.
2. Do not use alcohol (methyl, ethyl or isopropyl) or any strong dissolvent. Do not use thinner or benzene, abrasive cleaners or compressed air.
3. To clean the display unit cabinet, use a cloth lightly dampened with water and a mild detergent.
4. Avoid getting liquids inside your touch screen.
5. Do not wipe the screen with a cloth or sponge that could scratch the surface
6. To clean the touch screen, use window or glass cleaner. Put the cleaner on the rag and wipe the touch screen. **NEVER APPLY THE CLEANER DIRECTLY ON THE TOUCH SCREEN**.

2. HYDRAPEEL HANDPIECE AND SERUM STATIONS

1) SERUM STATIONS – AT THE END OF THE DAY

1. At the end of the day run the "system cleaning process", start by switching the blue toggle switches down to the "**OFF**" position, and only switch the grey toggle switch "**SYSTEM RINSE**" on the "**ON**" position.
2. Make sure that the "Rinseaway™" solution is properly installed. **ONLY USE THE EDGE SYSTEM™ "RINSEAWAY™" SOLUTION**, this solution contains a biocide to properly clean your system.
3. Make sure the plastic tip is firmly installed onto the HydraPeel™ handpiece.
4. Turn the machine on and go to "HydraFacial™" mode on the touch screen.
5. Set vacuum control level to maximum 26, press "ON" switch.
6. Using your thumb occlude the HydraPeel™ handpiece between 7-10 seconds and remove your thumb for 2 seconds, repeat this process for 2 to 3 minutes to insure proper removal of residue and proper function of your system.
7. When done, be sure to switch the toggle switch to **OFF** position.

2) SERUM STATIONS – SYSTEM IDLE FOR AWHILE

1. Use the "Rinse away" solution" on each individual serum station to prevent/remove any clogging, follow the above instructions to clean/flush your system.
2. When done, be sure to switch all the toggle switches to **OFF** position.

3. WASTE CANISTER.

1. Canister needs to be washed with a mild detergent and wiped down to dry. This component can be autoclaved but not required.

4. REMOVABLE FRONT DOOR

1. To clean door use a plastic cleaner available at your nearest hardware store (example, Novus plastic clean and shine). **NEVER, UNDER ANY CIRCUMSTANCES USE ANY TYPE OF ALCOHOL TO CLEAN FRONT DOOR**.

5. OPTIONS:

1) TUBE/FILTER ASSEMBLY FOR DRY HANDPIECES

1. If you conduct excessive number of lymphatic procedures you may occlude filter which in turn will reduce vacuum performance, please call your local representative or call EDGE SYSTEMS CORP. to order a replacement part.

2) LYMPHATIC MASSAGE GLASS HANDPIECES. (accessory, ordered separately)

1. Wipe off excess treatment lotion after each procedure
2. Clean the handpiece appropriately using cold sterilization or autoclave.

3) CRYSTAL FREE SYSTEM AND LIGHT THERAPY SYSTEM. (accessories, ordered separately)

1. For these components, please follow respective cleaning procedure included in their owner's manual.

V. TROUBLESHOOTING:

1. NO POWER

1) **Check power cord**
   1. Make sure power cord is properly connected to back end of the unit and to a working wall outlet.

2) **Check fuses**
   1. **UNPLUG UNIT FROM MAIN WALL OUTLET PRIOR TO THIS**, using a small flat head screwdriver remove the fuse holder box located in between the ON/OFF switch and power cord, and check that fuses are in good working conditions (not blown).

3) **Blank screen**
   1. If the main power is "ON" and the touch screen is blank, press the power button located on the right hand side of touch screen.
   2. If above does not correct the problem, call your local representative or call EDGE SYSTEMS CORP. customer service line (800) 603-4996 and ask to speak to a technician.

2. NO IMAGE ON TOUCH SCREEN.

1. Call your local representative or call EDGE SYSTEMS CORP. customer service line (800) 603-4996 and ask to speak to a technician.

3. IMAGE ON SCREEN BUT SCREEN DOES NOT RESPOND TO TOUCH.

1. Call your local representative or call EDGE SYSTEMS CORP. customer service line (800) 603-4996 and ask to speak to a technician.

4. NO OR LOW FLUID FLOW

1. Make sure you only have a maximum of 2 serums stations on the "ON" position.
2. Make sure your serum bottle is not empty.
3. Make sure that your HYDRAPEEL handpiece is properly connected to the side of the serum station block (black tube), and to the fluid canister (blue tube)
4. Check lines for any kinks or leaks.
5. Make sure the plastic tip is firmly installed onto HYDRAPEEL handpiece.
6. If using only one station at a time, turn current station off and try another station, if this corrects the problem please check on the previous station that internal bottle seal is completely broken and pick up assembly (metal portion) is fully submerged.
7. Make sure plastic bottle is properly installed into serum station.

8. If above does not correct the problem, call your local representative or call EDGE SYSTEMS CORP. customer service line (800) 603-4996 and ask to speak to a technician.

5. OPTIONS:

1) NO OR LOW VACUUM FLOW FOR DRY HANDPIECES (Lymphatic massage handpieces or crystal free handpiece)

1. Check lines for kinks or leaks.
2. Make sure that dry handpiece tubing assembly and corresponding attachment are properly connected (i.e. crystal free handpiece).
3. If you conduct excessive number of lymphatic procedures you may occlude filter which in turn will reduce vacuum performance, please call your local representative or call EDGE SYSTEMS CORP. to order a replacement part.

2) RED OR BLUE LIGHT HANDPIECE.

1. Make sure handpiece light is connected to proper receptacle; these receptacles are color-coded.

VI. LIMITED WARRANTY

Form of Product Warranty
LIMITED WARRANTY
(HYDRAFACIAL MD™ SYSTEM)

What is Covered:

The warranty for the HydraFacial MD™ System (the "System") covers defects in material or workmanship in the System.

Who is Covered:

This limited warranty applies and extends only to the original Customer purchasing the System from Edge Systems in the country where the sale occurred. This limited warranty is non-transferable and non-assignable by the original Customer. Edge Systems shall have no obligations under this limited warranty in the event that an original Customer attempts an unpermitted assignment of the original Customer's rights under this limited warranty. Notwithstanding the foregoing, Edge Systems agrees to extend the benefits of this limited warranty to a leasing company providing financing to the original Customer for the System, provided the System is leased back to and operated by the original Customer and any such leasing company has no greater rights than the original Customer.

How Long:

The System warranty runs for a period of one (1) year from the date of delivery of the System to the original Customer. We warrant any replacement part for the balance of the original warranty period. Extended warranties are available.

What Edge Systems Will Do:

For the System, Edge Systems will, within the applicable warranty period, at Edge Systems 's sole option, repair or replace any defects in the System without any costs to the Customer for parts or labor (except as specifically stated below).

Service Loaner:

During the first year of warranty Edge Systems, to the extent available, will provide to Customer a loaner System (the "Loaner") upon Customer's request and following execution of Edge Systems' Loaner Agreement.

What is Not Covered:

THIS WARRANTY DOES NOT COVER ANY EQUIPMENT WHICH HAS BEEN DAMAGED BY ACCIDENT, MISUSE, ABUSE, MODIFICATION, WHICH HAS BEEN USED IN VIOLATION OF THE SYSTEM INSTRUCTIONS OR FOR ANY PURPOSE OTHER THAN ONE FOR WHICH IT WAS MANUFACTURED, OR CAUSED BY UNAUTHORIZED REPAIR OR USE OF UNAUTHORIZED PARTS, INCLUDING, WITHOUT LIMITATION, DAMAGE TO THE SYSTEM ARISING FROM USE OF SERUMS OR TIPS PURCHASED OR OTHERWISE OBTAINED FROM A NONEDGE SYSTEMS APPROVED SUPPLIER. THIS WARRANTY DOES NOT COVER FREIGHT DAMAGE; OR ANY DAMAGE CAUSED BY ACTS OF GOD OR THIRD PARTIES NOT WITHIN THE CONTROL OF EDGE SYSTEMS, SUCH AS DAMAGE CAUSED BY POWER SURGES OR LIGHTNING. THIS WARRANTY DOES NOT COVER THE COSTS OF INSTALLATION, ADJUSTMENT OF USER CONTROLS, INITIAL TECHNICAL ADJUSTMENT (SET-UP) AND ROUTINE USER REQUIRED MAINTENANCE. THIS WARRANTY DOES NOT EXTEND TO ANY MACHINERY, APPLIANCES OR PROPERTY OF THE CUSTOMER USED IN CONJUNCTION WITH OR CONNECTED TO THE EQUIPMENT. THIS WARRANTY IS THE EXCLUSIVE REMEDY AGAINST EDGE SYSTEMS AND

NO OTHER REMEDY (INCLUDING BUT NOT LIMITED TO INCIDENTAL OR CONSEQUENTIAL DAMAGES FOR INJURY TO PERSON OR PROPERTY, LOST PROFITS, LOST SALES OR ANY OTHER INCIDENTAL OR CONSEQUENTIAL LOSS) SHALL BE AVAILABLE. THIS WARRANTY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. ANY REPRESENTATIONS OR PROMISES INCONSISTENT WITH OR IN ADDITION TO THIS LIMITED WARRANTY ARE UNAUTHORIZED AND SHALL NOT BE BINDING UPON EDGE SYSTEMS. PLEASE NOTE THAT SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS OR DO NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATIONS MAY NOT APPLY TO YOU.

How to Obtain Service:

To obtain Service under this warranty, the Customer must contact Edge Systems within the warranty period (Edge Systems can be reached by telephone (toll free) at 1 (800)-603-4996. The Customer is responsible for all arrangements and shipping charges (incoming and outgoing) related to the shipment of a System or parts to a Edge Systems approved and designated repair facility for inspection and diagnosis for potential coverage under this warranty.

Edge Systems Corporation
2277 Redondo Avenue
Signal Hill, CA 90755
Ph: 562/597-0102 or 800-603-4996
Fax: 562-597-0148

VII. APPENDIX

EXAMPLE

CLIENT CONTRAINDICATION & RELEASE FORM

Please read carefully and complete this questionnaire / release prior to your treatment. Your signature and date is required.

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

SECTION 1: MEDICATION INFORMATION

- **Do any of the following conditions relate to you?**

YES / NO

☐ ☐ Accutane
☐ ☐ Allergies
☐ ☐ Aspirin, Ibuprofen
☐ ☐ Autoimmune disease, HIV, Lupus, Hepatitis
☐ ☐ Blood thinners – Heparin, Coumadin, Warfarin, etc.
☐ ☐ Cosmetic injections or implants, i.e. Botox®, collagen
☐ ☐ Unidentified facial growth or mark
☐ ☐ Breast feeding, Pregnancy
☐ ☐ Cancer
☐ ☐ Eczema, Psoriasis
☐ ☐ Irregular, pigmented moles, warts or growths
☐ ☐ Keloids, Pigmented scars
☐ ☐ Laser procedures, chemical peels, dermabrasion, microdermabrasion
☐ ☐ Medication: _____
☐ ☐ Pacemaker or metal implants
☐ ☐ Recent surgical or dental procedure
☐ ☐ Sun burn
☐ ☐ Type I Diabetic
☐ ☐ Waxing services

- **My interest in the treatment is primarily for (i.e. skin rejuvenation, acne, brown spots, etc.)**

_____

- **Specify your areas of concern (i.e. eyes, forehead, etc.)** _____

_____

(Continued on next page)

SECTION 2: CLIENT CONSENT

(Initial each acknowledgement line below)

ACKNOWLEDGEMENT

1. I acknowledge that I have not used Accutane or any medication for the same purpose during the last 12 months. _____*(initial here)*

2. I acknowledge that if I have ever had a cold sore or fever blisters, I should consult with my physician or pharmacist for a pre-use medication to help avoid a possible breakout. That medication should be used each day for two days before, same day, and two days after any aggressive facial exfoliation treatment. _____*(initial here)*

3. I acknowledge that there is no guarantee that dark discoloration of skin will be reduced or fade. Pigmentation may improve with successive treatments, proper skin care home regimen & sun block. _____*(initial here)*

4. I acknowledge that my skin might experience temporary irritation, tightness, redness or slight swelling which usually dissipates within 24 to 72 hours depending on skin sensitivity. _____*(initial here)*

5. I acknowledge that if I fail to use a minimal sunscreen (SPF 15), I am more susceptible to sunburn, skin damage & hyperpigmentation. _____*(initial here)*

6. I acknowledge that this treatment is strictly an elective cosmetic procedure and that no medical claims have been expressed or implied. _____*(initial here)*

7. I acknowledge that I should avoid use of glycolic products for 2-4 weeks following the treatment. _____*(initial here)*

8. I acknowledge that I should avoid use of Retin-A type products for a period of time recommended by my **medical** or ☐ **skincare** professional following the treatment. _____*(initial here)*

9. I acknowledge that I am not pregnant/lactating. _____*(initial here)*

10. I hereby agree to have the treatment performed and agree to follow all pre and post treatment instructions. _____*(initial here)*

11. I acknowledge that I have answered all questions truthfully and completely. _____*(initial here)*

12. I release _____ from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures. _____*(initial here)*

Client Signature: _____ Date: _____