Body Aesthetics
Confidence changes everything!

HYDRAFACIAL 2.0 MD

Informed Consent Declaration

Nature of the Procedure

HydraFacial MD is a facial procedure combining cleansing, exfoliation, extraction, hydration and antioxidant protection through patented Vortex technology and specialised serums. The treatment includes five steps - three essential and two selected according to the skin's needs - and aims to leave the skin cleaner, brighter and hydrated.

It may support skin affected by an oily T-zone, enlarged pores, acne, rosacea, pigmentation and sun damage. The steps and active ingredients are selected individually. HydraFacial has received international recognition as a non-invasive technology for skin care and rejuvenation.

Course and Expected Results

- A course of three intensive procedures at an interval determined by the therapist is recommended, followed by monthly maintenance treatment.
- The procedure is personalised according to the condition and sensitivity of the skin.

Possible Reactions

- possible skin reaction to the device's light-to-moderate vacuum;
- stinging and burning;
- temporarily more visible sensitive capillaries;
- redness lasting approximately 30 minutes to several hours;
- irritation lasting several hours to 72 hours;
- possible spots from deeper pores as a result of stimulated self-cleansing;
- individual reaction to one of the ingredients.

Information You Must Share with the Therapist

- active inflammation, infection, lesions, tan/sunburn or skin disease;
- autoimmune/infectious/neurological conditions and contraindications to lymphatic drainage;
- pregnancy, breastfeeding, anticoagulants, medication, topical antibiotics, active cosmetics and allergies;
- recent Botox, fillers, peeling or laser procedures.

Contraindications

- Botox within the last 7-10 days, filler within the last 10-14 days, peeling within the last 30 days or a recent laser procedure in the area;
- use of cosmetics containing active ingredients and strong acids, or vitamin C treatment;
- Roaccutane, retinoids/vitamin A or similar medication within the last 6 months; topical antibiotics;
- active acne/redness, open lesions, ulcers, active infection, sunburn or active tan;
- eczema, dermatitis, rash, very thin skin, keloids/scars in the area; rosacea or telangiectasia;
- autoimmune disease, lupus, scleroderma, HIV/AIDS or hepatitis;
- melanoma or suspicious malignant lesions;
- pregnancy and breastfeeding - peeling is not used;
- epilepsy - LED is not used;
- anticoagulant therapy; allergies; other illnesses or concerns;
- for lymphatic drainage: infection of the urinary tract/kidneys/bladder/urethra, Crohn's disease, Graves' disease, deep vein thrombosis or chronic lymphoedema.

Preparation Before the Procedure

- Avoid intense sun exposure before the procedure; report any active tan or sunburn.
- Inform us about medication, active cosmetics, allergies and recent injectable, laser or peeling procedures.

Aftercare and Important Instructions

- Do not apply make-up after the procedure until the end of the day.
- Do not rinse off the serums until at least the evening.
- Use SPF 50 daily and avoid intense sun exposure.
- Do not exercise on the day after the procedure and avoid polluted environments.
- If possible, change your pillowcase and towel on the same day and use clean ones after the procedure.
- Do not hold your mobile phone against your face until the end of the day, and disinfect its screen after the procedure.
- If you smoke, avoid smoking for at least 2 hours after the procedure if possible.

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Client Declaration

• I have read and understood the information, preparation, aftercare, warnings and possible reactions.
• I have provided complete and accurate information and have not withheld any contraindication or health-related circumstance.
• I will notify Body Aesthetics of any change during the course: medication or cosmetic product, illness, allergic reaction, pregnancy, or another medical/cosmetic procedure.
• I understand that reactions and results are individual and may depend on my body, health and hormonal status, lifestyle, diet and physical activity.
• I consent to the maintenance of a personal record containing information about the procedures performed.
• I had the opportunity to ask questions and received comprehensive answers; I consent to the procedure being performed.
• I understand that Body Aesthetics and the therapist are not liable if I fail to follow the instructions or to report a change.

☐ I have read and understood the conditions and contraindications for the HydraFacial 2.0 MD procedure.

☐ I have read the BODY AESTHETICS PRIVACY AND PERSONAL DATA PROTECTION POLICY and the Terms and Conditions published on the website, and I agree to them.

Photographs and Measurements

1. For recording and monitoring results:

☐ I AGREE ☐ I DO NOT AGREE

2. For publishing images approved by me, showing "before/after" results, on Body Aesthetics social media and website:

☐ I AGREE ☐ I DO NOT AGREE

Client Details and Signatures

Full name _____ Date of birth _____

Telephone _____ Email _____

Date _____ Client signature _____ Therapist name and signature _____