



DO's and DON'Ts

BEFORE YOU COME, PLEASE READ!!

We are delighted to have you as a client. Thank you very much for choosing us.

Following this letter, you will find a few items that need to be read and signed by you.

Before your appointment:

- Make-up FREE skin, if possible
- No Retinoid use for 48 hours prior to your (Retinol, Retin-A, Trentinoin, etc)
- No facial waxing 48 hours prior to your facial
- Sunburned faces should not have a facial
- No other facial service (Peels, Microderm, etc) a week prior to appointment
- Contagious skin conditions- poison ivy, active cold sores, shingles, etc should be healed prior to your facial

Edgewater
3168 Braverton Street
Suite 340
Edgewater, MD 21037
410-956-7777

Lexington Park
22335 Exploration Drive
Suite 2005
Lexington Park, MD 20653
301-863-7310

If you have any questions, please feel free to call our office.

We look forward to see you!

MD Dermatology of Maryland Staff



Name _____ DOB: _____

Email Address: _____

Are you allergic to any products? YES or NO

If yes, please list: _____

List ALL medication and vitamins that you are currently taking:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please circle any medication that you are currently taking or have taken in the past 2 weeks:

Doxycycline	St. John's Wort	Aspirin
Minocycline		Plavix
Accutane/Isotretinoin		Coumadin

Do you smoke? YES or NO If yes, how much: _____

Are you currently pregnant/breast feeding? YES or NO

I agree the above information if accurate and honest to the best of my knowledge.

Client Signature: _____ Date

Consent for Facial

It is my intention to undergo this procedure in an effort to improve my skin

Initial: _____

I understand that no guarantees can be made regarding exact levels of improvement.

Initial: _____

I understand that I am going to have a facial that includes cleanser, exfoliating treatment, moisturizer and sunscreen

Initial: _____

I recognize that it is my responsibility to avoid sun exposure, stop using Retinoids, and stop facial waxing 48 hours prior to the facial.

Initial: _____

I recognize that it is my responsibility to avoid having any other facial service, such as a microderm peel, etc a week prior to the facial

Initial: _____

Procedures are cosmetic and patients are financially responsible for the cost of said treatment.

Initial: _____

I have been given the opportunity to ask questions and have received satisfactory answers to those questions.

Initial: _____

I hereby indemnify and hold harmless the treating technician and the staff at the office of Sanjiv K. Saini, MD, LLC from any and all liability, damages, costs and expenses arising from the facial

Initial: _____

Printed Name

Signature

Date

Legal Guardian /Witness

Signature

Date