



Nue Skin 50 Plus

Professional Microdermabrasion



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Skin for Life a division of Lifeline Medical, Inc.

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NUE SKIN 50 Plus MICRODERMABRASION

Contra Indications & Precautions

- Avoid Active Acne: Grade II, III, and IV
- Accutane Users (Should be a minimum of 8 months)
When in doubt obtain a physician release from your client.
- Sunburn
- Rosacea - Advanced Stages - Stages II & III
- Cancer / Skin Cancer
- Untreated Diabetes
- Vitiligo
- Raised Moles, Warts, Skin Tags
- Keloid Scarring
- Eczema / Psoriasis - No open lesions

Precautions

- Pregnancy
- Skin Sensitivity
- Herpes Simplexes (Cold Sores) - have your clients/patients obtain a prescription from their physician for medication pre and post procedure.
- Vitamin A derivative prescribed topical medications.
- Contacts - have client/patient remove contacts prior to the procedure.
- Under the Care of a Physician

Informed Consent ~ Sample Form

Please Print

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Referred By: _____

1. What is the reason for your visit today? _____

2. Are you under the care of a physician including dermatologist? _____

If yes please state the reason _____

3. Are you pregnant? Y or N Are you planning to become pregnant? _____

4. Do you smoke? Y or N _____

5. Please circle the one that best describes your daily stress level. High, Medium, or Low Stress

6. Do you have metal in your body? Such as dental work, pins, plates, stints, etc.

Be specific _____

7. Do you have allergies? Y or N _____

8. Please list ALL MEDICATIONS: _____

9. What type of exfoliation skin care products do you use? Glycolic, scrubs, retin A or any vitamin A derivatives.

Please specify: _____

10. Do you have or have you had the following: Please check all that apply:

☐ Epilepsy ☐ Fever Blisters (Have you ever HAD?) ☐ Cardiac Concerns ☐ Acne ☐ Keloid
☐ Sinus Concerns ☐ High Blood Pressure ☐ Fibromyalgia ☐ Pacemaker ☐ Heart Stints
☐ Diabetes ☐ Botox ☐ Kidney Disorders ☐ Immune Disorder ☐ Metal implants ☐ Dental Work
☐ Lupus ☐ Mitral Valve Prolapse ☐ Herpes ☐ Cancer ☐ Hyaluronic Fillers ☐ Asthma
☐ Synthetic Fillers ☐ Plastic Surgery ☐ Skin Cancers ☐ Hepatitis ☐ Herpes Zoster (Shingles)

What products are you currently using? Cleanser _____ Toner _____

Scrub _____ Creams _____ Sunscreens _____ what SPF? _____

Eye Creams _____ Serums _____

I understand the information I have given is to aid the skin therapist and is not a substitute for medical care and I understand the questions and I have answered them honestly and accurately.

Signed By Client _____ Date _____

Spa Informed Consent ~ Sample Form

- Do not wear contact lenses during treatment sessions - they may be placed back in after treatment.
- Do not use glycolic, AHA's, or any retinol products 48 hours before or after treatment.
- You must not be currently taking Accutane. Nor have you taken Accutane for the previous 8 months to 1 year.
- No suntan beds for 2 weeks post treatment (recommend self tanners for a healthy lifestyle change).
- Physical sunscreen of at least SPF 30 to be applied and re applied during sun exposure.

Initials Required

_____ I have been thoroughly informed by professional therapist _____ of any complications to recommended procedure _____ and I understand there are no guarantees to procedures given by _____.

_____ I am committed to following post treatment care given to me by professional therapist _____ to ensure the best possible result.

_____ I have given all medical information to the best of my knowledge to _____ to prevent any contra indications to procedures.

Yes or No - I have had a history of cold sores, fever blisters, and/or shingles.

Yes or No - I am using (Retin A, Tretinoic Acid, Differin, Glycolic Acid, Accutane, or other vitamin A derivative topical creams and/or ointments.

_____ I have not used any performance agents within the last 5 - 7 days, knowing that this is a contra indicator for having procedures performed.

_____ I am committed to avoiding the sun and/or tanning facilities for the recommended time suggested by professional therapist _____.

Client Signature: _____ Date: _____

Professional Therapist Signature: _____ Date: _____

L.E.D. Light Therapy

Suggested Informed Consent ~ Sample Form

The purpose of the LED Light Therapy study from NASA was to discover the properties of wound healing. Increasing cellular growth encourages cell division which provides skin with a youthful healthy appearance. LED Light Therapy also assists with minimizing overactive oily and/or troubled skin conditions.

Ideal results – schedule twice a week for three weeks which equals (6) skin treatments.

Maintenance Treatments – Depends on individual goals. Once a week, twice a month, or once a month is recommended to sustain cumulative results.

L.E.D. Light Therapy Contra indications:

- Epilepsy
- Do Not Apply to an Open Wound
- Thyroid Conditions
- Pregnancy (or if you are trying to become pregnant)

Precautions to Consider:

- Sensitivity to Migraines/Headaches
- Topical or Synthetic Steroids (NSAID's)
- Do Not Use heavy creams and/or ointments

LED Light Therapy treatments have been explained to me and any questions I have regarding LED Light Therapy treatments have been answered.

I understand there are certain contraindications that preclude someone from receiving LED Light Therapy treatments and these include epilepsy, pregnancy, thyroid conditions, medications, causing light sensitivity and open wounds.

I also understand there are other precautions that should be considered before receiving LED Light treatments and may require a doctor's release and/or I assume any risk involved. These include but are not limited to a person receiving cortisone and/or steroids injections, and a person prone to light sensitive migraines.

Although LED Light Therapy is a non – invasive treatment and the precautions and contra indications have been explained to me, I understand that certain risks or complications can occur from both known and unknown causes, and I freely assume these risks.

I acknowledge that no guarantee has been given to me as to the condition of the complexion, skin pore size, fine lines, and wrinkles as results will vary per client/patient. I am aware that follow up treatments may be necessary to achieve optimal results with gradual results occurring over time.

I release _____, staff and specific technician from any liability associated with this procedure. I certify that I am of at least 18 years old or I have parental consent as indicated as co – signature below.

Client/Patient Signature: _____ Date: _____

Co – Signature: _____ Date: _____

Skin Professional: _____ Date: _____

Nue Skin 50 Plus Microdermabrasion Protocol

#1 Basic Microdermabrasion Therapy

for Every Skin color and Types I - V

Cleanse ~ Choose appropriate cleanser for skin type and condition.

Toner ~ **Instant Soothing Toner + natural actives** - dry skin completely.

Microdermabrasion "Perform Your Microdermabrasion Application"

You may use the following settings...

Fitzpatrick I - II (Fair Skin Color) - May begin vacuum between 10 - 13 inches/Hg, *however this may change depending on clients/patients comfort and any additional skin changes that may be present.*

Fitzpatrick III - IV (Medium Skin Color) - May begin vacuum between 8 - 10 inches/Hg, *however this may change depending on clients/patients comfort and any additional skin changes that may be present.*

Fitzpatrick V (Darker Skin Color) - May begin vacuum between 6 - 8 inches/Hg, *however this may change depending on clients/patients comfort and any additional skin changes that may be present.*

(1) pass of Aluminum oxides (crystals) - see diagram for first initial pass. Retextures the skin.

Crystal adjustment may be used at either 2 o'clock or 12 o'clock position where the black line on the silver knob is pointing straight up for moderate crystal flow.

(2) pass of Organic grains (100% Walnut shells) - you may still use the first initial pass diagram selection. Polishes and refines the skin. Organic grains may be used at 12 o'clock position where the black line on the silver knob is pointing straight up for moderate crystal flow.

Once you have completed your microderabrasion treatment you may remove with a warm towel or use Gentle Milk Cleanser + vitamin A & E for crystal removal along with a warm towel.

Tone ~ **Instant Soothing Toner + natural actives**

Apply to face, neck, and chest after you have removed Microdermabrasion Crystals and/or Grains. This prepares the skin for the next step of treatment. Dry skin thoroughly.

L.E.D. Light Therapy Hand Pieces

1. Always use the primary color RED for your first step after microdermabrasion. "Please Use Protective Eye Wear Before Performing L.E.D. Light Therapy".

a. Place your LED Light Therapy hand piece on the forehead for 90 seconds and then transition to another area and repeat for 90 seconds, until you have treated the entire face. You will need to perform 4 - 5 passes or at least 15 minutes to obtain optimum results.

RED LED Light enhances the ATP within the mitochondria of cells to increase cell division. Red is used for mature, sun damaged, and oily/troubled skins.

2. BLUE LED Light Therapy hand piece is only used for oily/troubled skins. This is performed for additional 5 - 10 minutes after you have completed your application with RED LED Light Therapy. Again, you want to place the wand on the areas of concern for 90 seconds per area, and performing an equivalent time of 5 - 10 minutes.

Nue Skin 50 Plus Microdermabrasion Protocol

#1 Basic Microdermabrasion Therapy...continued

Tone ~ Instant Soothing Toner + natural actives

Apply to face, neck, and chest to prepare the skin for the next step of treatment. Dry skin thoroughly.

Skin Recover: Apply ½ to 1 full pump of each of the following:

- Vita C Peptide Serum with LSS™ delivery
- Moisture Booster + hyaluronic acid with LSS™ delivery
- Vital Recovery Concentrate + natural botanicals with LSS™ delivery

Skin Restore: Apply Algae Mask + Algae Activator.

Mix the 2 sachets in a bowl and stir well. until blended. Apply to the entire face. The mask will become a rubber consistency and you may remove after 5 - 7 minutes. Remove the mask by lifting and rolling, starting from the chin and transitioning to the forehead, until the entire mask is removed.

Tone ~ Instant Soothing Toner + natural actives

Apply to face, neck, and chest after you have removed Algae Mask + Algae Activator. This prepares the skin for the next step of treatment. Dry skin thoroughly.

Skin Nourishment: Apply ½ to 1 full pump of each of the following:

- Vita C Peptide Serum with LSS™ delivery
- Moisture Booster + hyaluronic acid with LSS™ delivery
- Vital Recovery Concentrate + natural botanicals with LSS™ delivery
- SOL defense SPF 30 Broad Spectrum Physical Sunscreen

Nue Skin 50 Plus Microdermabrasion Protocol

#2 Advanced Microdermabrasion + L.E.D. Light Therapy

Cleanse ~ Gentle Milk Cleanser + vitamins A & E - Apply to face, neck, and chest. *(Do Not Add Water to the Product)* With effluage movements gently cleanse the face and remove with warm sponges, gauze, or towel.

Tone ~ Instant Soothing Toner + natural actives - Apply to face, neck, and chest after you have removed Gentle Milk Cleanser. This prepares the skin for the next step of treatment. Dry skin thoroughly.

Microdermabrasion “Perform Your Microdermabrasion Application”

Please refer to page 14 for skin vacuum settings and crystal adjustments. Perform your microdermabrasion application. You may view additional steps for application on page 16.

Once you have completed your microdermabrasion treatment, you may remove with a warm towel or use Gentle Milk Cleanser for crystal removal along with warm towel and dry thoroughly.

L.E.D. Light Therapy Hand Pieces

1. Always use the primary color RED for your first step after microdermabrasion. “Please Use Protective Eye Wear Before Performing L.E.D. Light Therapy”.
 - a. Place your LED Light Therapy hand piece on the forehead for 90 seconds and then transition to another area and repeat for 90 seconds, until you have treated the entire face. You will need to perform 4 - 5 passes or at least 15 minutes to obtain optimum results.

RED LED Light enhances the ATP within the mitochondria of cells to increase cell division. Red is used for mature, sun damaged, and oily/troubled skins.

2. BLUE LED Light Therapy hand piece is only used for oily/troubled skins. This is performed for additional 5 - 10 minutes after you have completed your application with RED LED Light Therapy. Again, you want to place the wand on the areas of concern for 90 seconds per area, and performing 4 - 5 passes.

Tone ~ Instant Soothing Toner + natural actives - Apply to face, neck, and chest to prepare the skin for the next step of treatment. Dry skin thoroughly.

Skin Recover: Apply 1/2 to 1 pump of each of the following:

- Vita C Peptide Serum with LSS™ delivery
- Moisture Booster + hyaluronic acid with LSS™ delivery
- Vital Recovery Concentrate + natural botanicals with LSS™ delivery

Skin Restore: Apply Algae Mask + Algae Activator. Mix the 2 sachets and apply to the entire face. The mask will become a rubber consistency and you may remove after 5 - 7 minutes. Remove the mask by lifting and rolling, starting from the chin and transitioning to the forehead, until the entire mask is removed.

Tone ~ Instant Soothing Toner + natural actives - Apply to face, neck, and chest after you have removed Algae Mask + Algae Activator. This prepares the skin for the next step of treatment. Dry skin thoroughly.

Skin Restore: Apply 1/2 to 1 pump of each of the following:

- Vita C Peptide Serum with LSS™ delivery
- Moisture Booster + hyaluronic acid with LSS™ delivery
- Vital Recovery Concentrate + natural botanicals with LSS™ delivery
- SOL defense SPF 30 Broad Spectrum Physical Sunscreen



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NO ANIMAL
TESTING