

*A luxurious  
crystal-free alternative  
to traditional  
crystal microdermabrasion*

Treat your  
clients like  
royalty.

Exfoliate with the

*Diamond Micro Wands™*

*Diamond Micro Wands*

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**DIAMOND MICRO WAND  
CRYSTAL FREE  
TRAINING MANUAL**

DERMAVISTA.COM • 1-800-767-6765



# DIAMOND MICRO WAND INSTALLATION

Your system will include:

1 each ..... Training Manual

1 each ..... Diamond Micro Wand

2 each ..... Sets of 4 Exfoliating Domes:  
Coarse  
Medium  
Fine  
Very Fine

2 each ..... Lymphatic Dome

1 each ..... Exfoliating Dome Loading Block

1 each ..... Pneumatic Tubing

1 each ..... Organizer

1 each ..... UltraSonic Cleaning Unit

1 each ..... 2 oz. UltraSonic Cleaning Solution  
(Concentrated)



# DIAMOND MICRO WAND SET-UP

1. .... Seat tubing into the rear of the Diamond Micro Wand.

2. .... Seat tubing into the vacuum station waste port on your microdermabrasion system.

3. .... Empty or close fresh crystal canister. (To stop crystal flow)

4. .... Choose appropriate exfoliating dome.

5. .... Seat firmly inside the gold rim of the wand.

6. .... Set vacuum level at appropriate suction level.

7. .... Begin exfoliation.

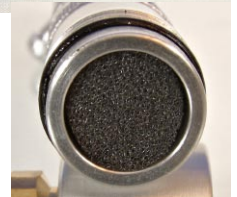
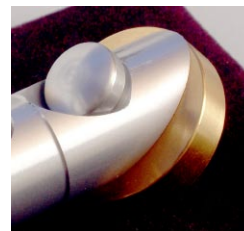
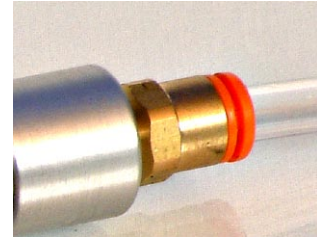
8. .... When the procedure is complete, remove rear cap of wand and brush the exfoliated residue from the small internal foam filter. Then return the filter to the rear of the Diamond Micro Wand and replace the rear cap and tubing.

9. .... To remove dome from wand, press the button directly on top of the gold rim.

10. .... To clean the exfoliating dome, drop the dome in the ultrasonic cleaning solution. Then turn on the ultrasonic cleaner and follow cleaning instructions on the cleaning solution bottle.

11. .... When the dome is cleaned remove from the solution and let it dry before reuse.

12. .... To clean the gold rim of the Diamond Micro Wand, swab with a disinfectant wipe but do not soak in the ultrasonic or any other disinfectant.



# Client Information Card

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: (optional) \_\_\_\_\_

Referred by: \_\_\_\_\_ Date of consultation \_\_\_\_\_

Which conditions would you like to improve?

- |  |  |
|--|--|
| <input type="checkbox"/> Hyper pigmentation    | <input type="checkbox"/> Sun damage                  |
| <input type="checkbox"/> Acne scarring         | <input type="checkbox"/> Age spots                   |
| <input type="checkbox"/> Fine lines & wrinkles | <input type="checkbox"/> Acne No. months/years _____ |
| <input type="checkbox"/> Surgical/facial scars | <input type="checkbox"/> Enlarged pores              |
| <input type="checkbox"/> Stretch marks         | <input type="checkbox"/> Other (please specify)      |

Areas to be treated: (Please detail entry here):

Client questions:

How sensitive is your skin?

Are you currently under a physician's care?

Reason:

Are you pregnant or planning to be?

Do you have a heart condition?

Do you wear a pacemaker?

Do you have or have you ever had acne?

What allergies to you have (if any)?

Does your skin have capillary conditions?

If yes, how long?

Please list any medications you are on:

Do you wear contact lenses?

Do you smoke? How many years?

If not, were you ever a smoker?

Have you ever visited a dermatologist, plastic surgeon, or other skin care therapist?

Reason:

Do you have epilepsy or diabestes?

(If yes, this can be treated only with a doctor's certificate.)

Do you have or have you ever had any of the following:

Keloid scarring

Hepatitis

Dermatitis

Acne scarring

Excema

Skin Cancer

Herpes Simplex

HIV+

Other (please specify)

Have you ever had any of the following treatments:

Chemical peel

Laser peel

Cosmetic surgery

Clycolic peel

Botox

Other similar treatments (please specify)

Other condition(s) noted?

What skin care product(s) are you presently using?

Cleanser

Moisturizier

Do you use or have you ever used any of the following products?

Retin A

AHA

Hydroquinone

Other (please specify)

Any reactions?

Comments:

I, (please print name clearly) \_\_\_\_\_, do fully understand all the questions above and have answered them all correctly and honestly. Furthermore, I know that it is my responsibility to alert the clinician about any recent surgeries or skin resurfacing procedures. Without the above disclosure I understand that the attending technician cannot optimize the effectiveness of dermabrasion treatments, which are designed to provide clients with superior results. By signing below I consent to the dermabrasion procedure.

\_\_\_\_\_  
Signed by Client

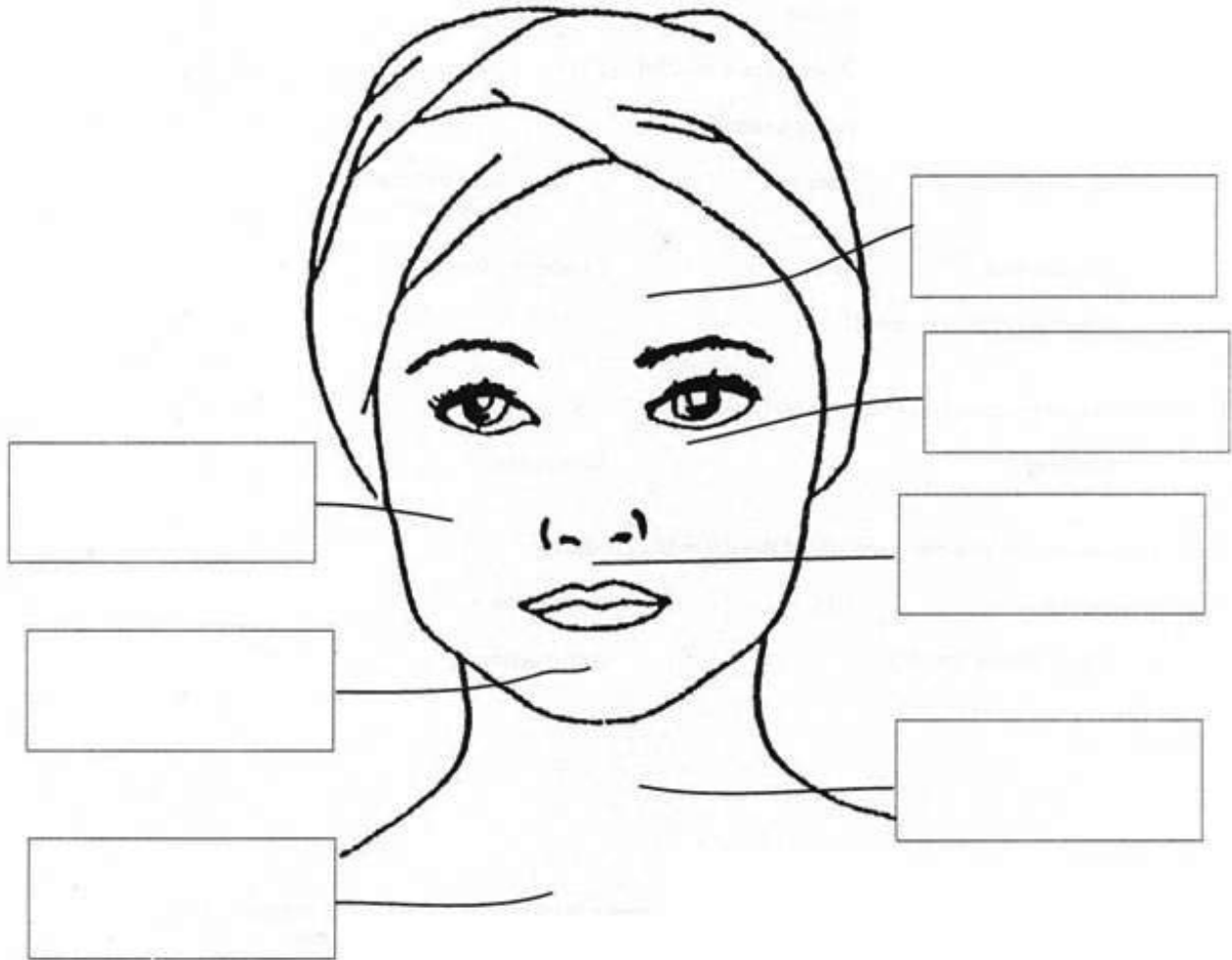
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed by Skin Care Professional

\_\_\_\_\_  
Date

# Condition and Diagnostic Record


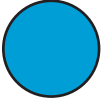
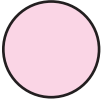

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## EXFOLIATING DOME & TECHNIQUES

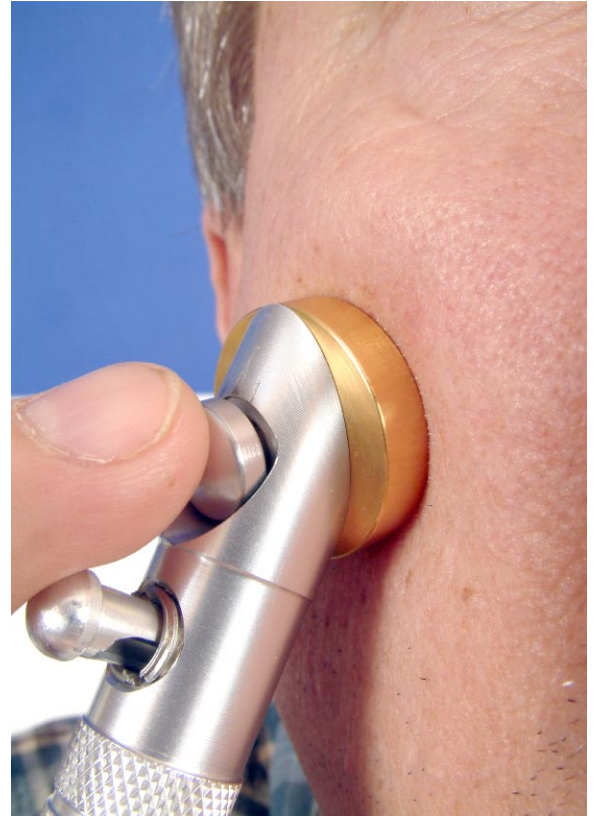
Each of the exfoliating domes are color coded on the underside of the dome to identify grit sizes.

| COLOR  |            | CAP              | GRIT USES                                 |
|--|------------|------------------|---|
|   | DARK BLUE  | VERY FINE<br>(P) | POLISHING / BUFFING<br>& SENSITIVE SKIN   |
|   | LIGHT BLUE | FINE<br>(F)      | FACE & SENSITIVE SKIN                     |
|   | PINK       | MEDIUM<br>(M)    | COARSE FACIAL SKIN, BODY<br>& SUN DAMAGED |
|  | RED        | COARSE<br>(C)    | ROUGH SKIN, BODY<br>& SCAR TISSUE         |



# DIAMOND MICRO WAND EXFOLIATING TECHNIQUES

1. .... Make sure that face and neck are thoroughly washed and dry.
2. .... Choose appropriate exfoliating dome. (For face and neck begin with fine or medium)
3. .... Place the gold rim onto the skin and complete suction.
4. .... Move in one direction as described in **Treatment Diagram 1 and 2**. Suction should be set at a level where the wand moves easily across the skin without breaking the suction. The treatment motion should be a pulling motion toward you, not pushing the hand piece away from you. Make certain that you move in the horizontal and vertical direction as indicated in the Treatment Diagrams.
5. .... When entire area is exfoliated, replace the exfoliated dome with the very fine polishing and buffing dome. Quickly repeat the procedure to achieve maximum smoothness to the skin.



## LYMPHATIC DOME PULSING FEATURE

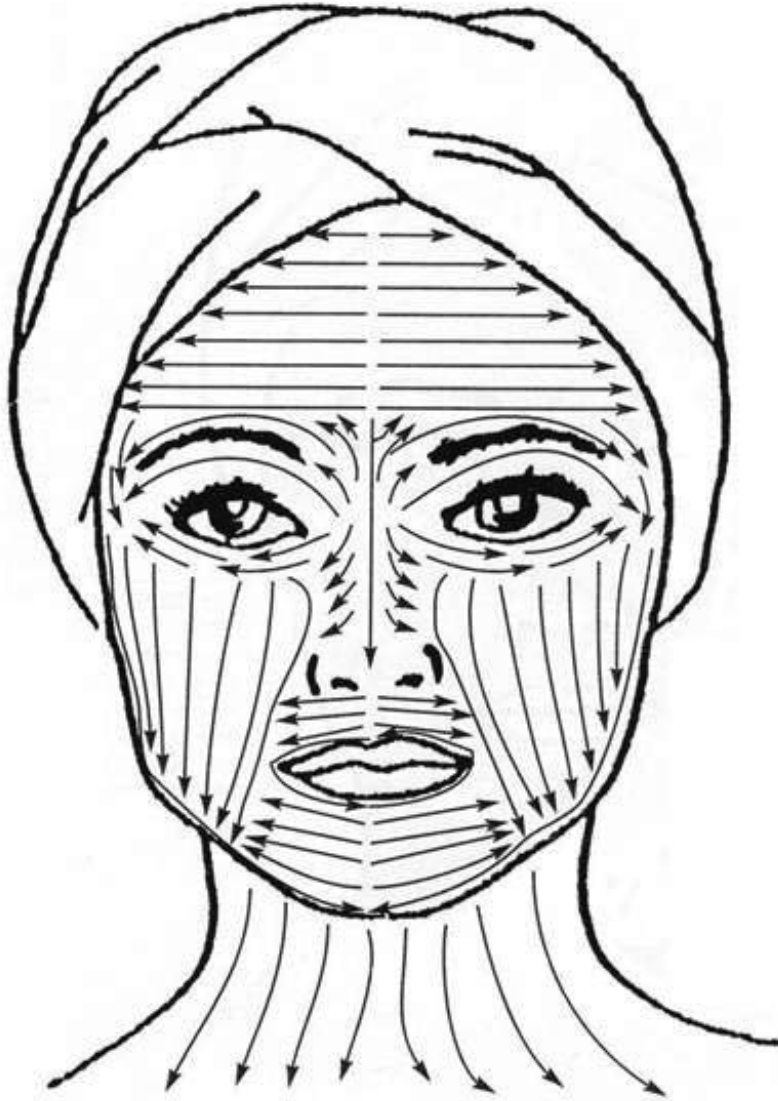
The lymphatic dome has a smooth surface and is flatter in shape as compared to the exfoliating dome. The depressed surface will allow the vacuum to massage the skin gently.

1. .... Load the non-exfoliating lymphatic dome into the hand piece the same way you load the exfoliating dome.
2. .... Adjust your vacuum setting to its lowest level.
3. .... Lymphatic drainage is best performed with very slight vacuum and intermittent pulsing. To achieve the pulsing, depress the tall silver manual pulsing button behind the small dome ejector button.
4. .... Perform your lymphatic motions by drawing the handpiece toward you with rapid manual pulsing.
5. .... A pulsing action is achieved by depressing, and then releasing the tall silver button found in front of the cap ejector button.



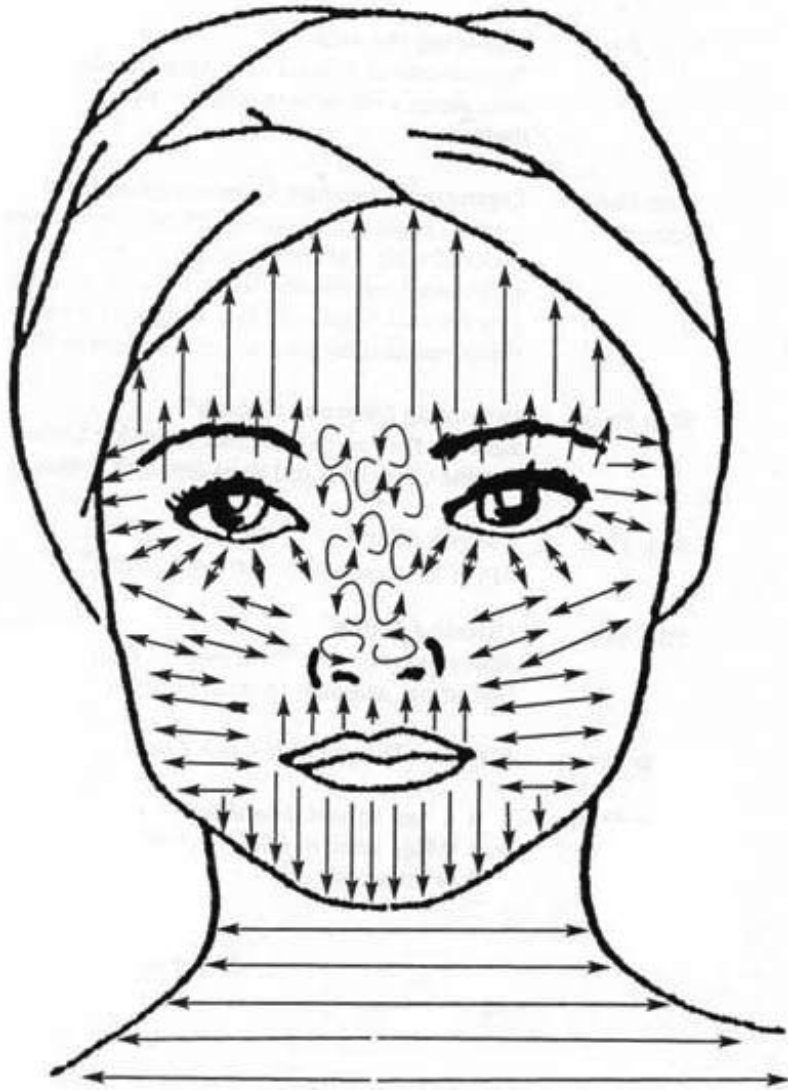
# Diamond Micro Wand Exfoliating Procedure Treatment Diagram 1

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# Diamond Micro Wand Exfoliating Procedure Treatment Diagram 2

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## WARRANTY AND RE-ORDER INFORMATION FOR DIAMOND MICRO WANDS

| DESCRIPTION                             | PART #     | SIZE       | PRICE            | QTY   |
|---|------------|------------|------------------|-------|
| Replacement Hand Piece .....            | 60000..... | each ..... | \$1,495.00 ..... | _____ |
| Exfoliating Dome Very Fine.....         | 61000..... | each ..... | 35.00 .....      | _____ |
| Exfoliating Dome Fine .....             | 62000..... | each ..... | 35.00 .....      | _____ |
| Exfoliating Dome Medium.....            | 63000..... | each ..... | 35.00 .....      | _____ |
| Exfoliating Dome Coarse.....            | 64000..... | each ..... | 35.00 .....      | _____ |
| Lymphatic Dome .....                    | 65000..... | each ..... | 25.00 .....      | _____ |
| Complete Set of Exfoliating Domes ..... | 68000..... | each ..... | 129.00 .....     | _____ |
| Loading Station.....                    | 66000..... | each ..... | 125.00 .....     | _____ |
| Internal Hand Piece Filters (10) .....  | 67000..... | 10.....    | 5.00 .....       | _____ |

1 YEAR WARRANTY ON THE HAND PIECE AND EXFOLIATING DOME

For service please call [DermaVista.com](http://DermaVista.com) at 1-800-767-6765



# *Diamond Micro Wands*

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