



FACIAL PEEL CONSENT FORM

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy (if so consult your physician prior to treatment), recent facial surgery, allergies, tendency to cold sore/fever blisters, or use of topical and/or oral prescription medication such as: Trentinoin, Retin-A, Accutane, Differin, Tazorac, Avage, EpiDuo, or Ziana.

I understand there will be some degree of discomfort such as stinging, pinpricking sensation, heat or tightness.

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of the skin, sun damage, smoking, climate, etc.

I understand that I may not actually peel and that each case is individual. I understand that the amount of peeling does not correlate with the degree of improvement.

I understand that this is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that to achieve maximum results, I may need several treatments.

I understand that although complications are rare, sometimes they may occur and that prompt treatment is necessary. In the event that may happen, immediately contact the clinician who performed the treatment.

I agree to refrain from tanning beds or outside while undergoing treatment and during the 14 days, prior to and following treatment, for this may cause hyperpigmentation.

I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and that daily use of sunscreen protection of SFP 25 is mandatory.

I have not had any other chemical peel of any kind within 14days of this treatment and that I cannot have any other chemical peel within 14 days of this treatment whether performed at this location or any other location.

I understand that I should follow my clinician's recommendations for post-procedure skin care to minimize side effects and maximize results.

For clients under the age of 18, parental consent is required.

I hereby agree to all of the above and agree to have the treatment performed on me. I further agree to follow all post peel care instructions as I am directed.

Signature / Parental Guardian

Date

Signature of Clinician

Date