

PROCEDURE PEEL CONSENT FORM

RATIONALE[®]
PROCEDURE[™]

I confirm that I do not currently have any conditions which may prohibit this treatment such as cold sores, use of hormones, recent facial surgery or laser resurfacing and I have not used any acne related drugs within the last 12 months.

I am not pregnant or breast feeding.

I understand that there are no guaranteed results from this treatment.

Results may vary due to several different variables such as age, sun damage, on-going sun exposure, smoking, excessive alcohol intake, climate, diet and water intake, skin thickness and sensitivity.

I understand that my skin may or may not peel and that each case is individual.

Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the peel and accept sole responsibility for any medical care that may become necessary. Should an adverse reaction occur I will immediately contact the Doctor, Nurse or Skin Technician performing this treatment.

I will not scratch, pick, pull at or abrade the treated skin.

I understand that direct sun exposure and the use of tanning booths is prohibited during this treatment time (should on-going treatments be necessary) and that mandatory use of a minimum SPF20 sun protection is required daily.

I understand that to achieve maximum results the recommended home care routine must be followed. I understand that if I alter the routine or use products not recommended by the skin care professional the results could be altered or inhibited. I also understand that it may take several treatments to obtain the desired result.

I understand that the following side effects and complications, although extremely unlikely, can occur:

Discomfort, Redness and swelling, Hypopigmentation, Itching and irritation, Skin peeling or flaking up to 14 days after procedure, Infection, Scarring, Hyperpigmentation, Acne breakouts.

I understand the goals of the treatment as well as the limitations and possible complications.

The skincare professional has provided sufficient information and has answered all my questions concerning this procedure. I clearly understand the above information.

I confirm I am not currently using any prescribed Vitamin A or Keratolytic products (i.e Retieve, Stieva- A, Retin A, Isotrex, Differin.)

I confirm I am currently not taking an Isotretinoin medication (i.e Roaccutane, Isotrex, Isohexal, Oratane.)

Have you had a peel, IPL or Laser treatment in the past 2-3 weeks? If so, when and what peel was it?

Do you wear a SPF25 Sunscreen everyday? Y / N

If not, are you prepared to wear a SPF25 sunscreen? Y / N

I understand I am not to use skin care products that contain acids or exfoliants for the next 24 hours.

Date _____

Client Signature _____ Skin Technician Signature _____

Print Name _____ Print Name _____