



INFORMED CONSENT FOR CHEMICAL PEEL AND MICRODERMABRASION

A skin peel is not a "cure-all" treatment, but for appropriate conditions, it can improve the skin. It is very important that you have a thorough understanding of what a peel can and cannot do for your particular condition. Please complete and sign this form.

I, _____, give my consent to _____ to perform a skin peel and/or microdermabrasion treatment on my face or body part in order to treat the following conditions:

____ The peel treatment was explained to me.

____ I understand that the degree of improvement I can expect to see is dependent on many variables, and therefore cannot be guaranteed. Additionally, I understand that good home care and adherence to ALL instructions is vital to ensure my best results.

____ I understand that this is a program of treatment, and that I may need several peels in order to achieve my best results.

____ I understand that I can expect to have 1-2 minutes of stinging or burning sensation immediately after the peel has been applied - or longer with certain peels.

____ I have ceased use of Hydroquinone/Salicylic/Azelaic acid products several days prior to this service.

____ I have ceased use of retinoids (Retin-A, Renova) several days prior to this service.

____ I have not received chemical hair treatments (permanent wave, straightening, relaxers, coloring or bleaching) several days prior to this service.

____ I do not at this time suffer from HIV, Hepatitis, herpes simplex (cold sore) infections or facial warts.

____ I have informed my esthetician if I suffer from diabetes.

____ I am not currently undergoing chemotherapy, radiation treatments or using anti-cancer drugs at this time.

____ I am not pregnant or breast feeding at this time.

____ I am not sunburned at this time.

____ I do not have permanent tattooed makeup (eyeliner, brow liner, lip liner) - or I have notified the esthetician so that my tattoo will be covered with Aquafor as not to fade or discolor ink. (Applies to Glycolic Peel clients only)

____ I understand that I MUST use an SPF of at least 30 for the next two weeks following treatment. (Physical sunblock is recommended. A quarter-size amount must be applied every morning.) I will avoid direct sun as much as possible and wear a hat when I am outside

____ I understand that use of tanning beds in between peel treatments will nullify the results achieved, and worse, can cause severe burns.

____ I have been given PRE-PEEL and AFTER-PEEL care instructions (handouts).

Although complications are rare, they can occur nevertheless. Prompt recognition and treatment of any complications is necessary. It is extremely important that you follow instructions exactly and that you notify your esthetician as soon as possible if you experience prolonged sensitivity for more than ten days. There are no refunds provided for peels.

(Date signed)

(Signature of client)