

Informed Consent for Facial Treatment

Please read and initial each statement.

_____ I am willing to forego a patch test but understand there could be an allergic reaction.

_____ I acknowledge that I am prone to cold sore (Herpes Simplex), I may need a prescription for Denavir®, Zovirax® or Abreva from my Physician prior to having a chemical exfoliation treatment. I am aware the treatment could prompt cold sores.

_____ I have had a patch test and did not have a negative reaction. In the event of any complications, I will immediately contact my Skincare Specialist who performed the treatment.

_____ I **DO NOT** have diabetes, high blood pressure, heart disease, eczema, psoriasis, seborrhea or deficient immune system.

_____ I have been given the Skincare History Questionnaire and have read and answered the questions thoroughly.

_____ I have discussed any further questions or concerns that I may have as well as time frames for anything that must be avoided post treatment with my Skincare Specialist.

_____ My Skincare Specialist has answered any questions I have regarding my post care. I acknowledge my obligations to closely follow the post care instructions and visit my Skincare Specialist for a post treatment follow-up as specified.

_____ I am aware and acknowledge that there is a rare possibility of an allergic reaction. I have discussed thoroughly with my Skincare Specialist any such reactions and understand them.

_____ I have been advised that my treatment is a noninvasive, light exfoliation consisting of singly, or a combination of Salicylic Acid, Lactic Acid, Glycolic Acid, Resorcinol, Trichloroacetic Acid, Retinolic Acid and Enzymes.

_____ The use of the above ingredients stimulates the skin to generate new skin cells. It does not replace deep chemical peel, laser resurfacing or plastic surgery.

_____ I acknowledge that there may be some degree of discomfort during application. I will notice a warm sensation and the skin may tingle, sting, pin pricking, heat (burn) or tightness. Immediately after the chemical exfoliation treatment, my face may appear frosted or red, and by day two (2), the skin may darken in color, feel tighter, and be more sensitive. Days two (2) through seven (7), the skin may exfoliate. I am not to pick or peel skin. Pulling or picking skin may lead to infection, hyper-pigmentation and/or surface scars. I may experience some breaking out after a treatment.

_____ I acknowledge that I will avoid direct sun exposure following this procedure and will apply a sunscreen daily.

_____ Chemical Exfoliation treatments may lighten hyper-pigmented skin, reduce acne breakouts or diminish fine lines. I acknowledge that there is **"NO GUARANTEED"** result. I am aware that there could even be an increase of uneven color from this procedure.

_____ I acknowledge that I have not been using Accutane, Differin®, Azelex®, Finacea™, Tazorac® or any other prescribed medication(s) for the past two weeks.

_____ I acknowledge that I am not aspirin sensitive. If I am aspirin sensitive, I have discussed this with my Skincare Specialist and understand there could be a reaction.

_____ I acknowledge that to achieve maximum results, I may need several treatments and use home care products.

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

_____ I acknowledge that there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, hormones, lifestyle, climate, etc. I understand I may or may not actually peel, and that each case is individual.

_____ All sales are final as there is a **"NO REFUND"** policy on all products.

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

Client Signature

Date

Skincare Specialist Signature

Date