



RESURFACING TREATMENT/CHEMICAL PEEL/MICRODERMABRAISION

PRECAUTIONS

- Do not wear contact lenses to treatment sessions.
- Discontinue use of glycolics, AHA's and any retinol products 72 hours before and after treatment
(Accutane – 1 year)
- Do not wax or use a depilatory, such as Nair, on the area to be treated 72 hours before and after treatment.
- Do not use tanning beds for 2 weeks after treatment.
- Sunscreen of at least SPF 30 must be applied and re-applied during sun exposure
- Do not apply makeup for at least 12 hours after treatment
- Avoid swimming and sun exposure for at least one week after treatment.
- For most, a light flaking begins within 48 hours. It is impossible to pre-determine how much peeling will occur. This shedding process usually subsides within 2 - 3 days.

INFORMED CONSENT

I, _____, have read the below information and initialed each section to indicate that I fully understand what to expect. If I have any questions or concerns, I will address these with my Esthetician.

_____ I have given an accurate account of any over the counter or prescription medications that I use regularly. I am not ingesting or using topically any other over the counter product or prescription medication/agent that has not been disclosed. I am not presently using (nor have I used within the last year) isotretinoin (Accutane), Retin-A, Acyclovir or tranquilizers. I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn or broken skin. I have not had any facial surgical procedures, piercings, tattoos, permanent cosmetics, resurfacing treatments/chemical peels or other skin treatments that I have not disclosed. I do not have a history of keloidal scarring, diabetes, any autoimmune disease, active herpes blisters, or any other existing condition that may interfere with the positive outcome of this treatment. I am not presently pregnant or lactating and I am over the age of eighteen (18).

_____ I understand that I should not have a resurfacing treatment/chemical peel if I intend to continue to have excessive sun exposure. It has been explained to me that the treated area will be more sensitive to the sun as a result of the treatment and will require regular use of sunscreen.

_____ I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my skin care professional.

_____ I understand that the results are not guaranteed and that for maximum results, a series of 3 to 6 treatments is required. The rate of improvement of my skin depends on my age, skin type and condition, degree of sun/environmental damage, pigmentation levels, or acne condition.

_____ I understand that I may experience some discomfort to the skin such as temporary stinging, tingling, or warm flushing while the product is being applied but will subside and that during the next few hours I may experience some tightening of the skin, which may last for several days. I agree to inform my skin care professional immediately if I have concerns or am overly uncomfortable during treatment or after I return home.

_____ I agree that I am willing to follow recommendations by my skin care professional for post-treatment home care. I will be responsible for following the post-treatment homecare regimen provided by my skin care professional, which can help minimize or eliminate possible negative reactions. I recognize the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my esthetician and acknowledge that I have been informed of the possible reactions that my skin may experience (excessive peeling, intense erythema, welts, scabs) and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin). In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my esthetician immediately.

I give permission to my esthetician, to perform the resurfacing treatment/chemical peel we have discussed and will hold her harmless from any liability that may result from this treatment. I understand she will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I do understand that, very rarely, permanent damage occurs. I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Client Name (printed) _____	
Client Name (signature) _____	Date _____
Client Name (signature) _____	Date _____
Client Name (signature) _____	Date _____
Client Name (signature) _____	Date _____
Client Name (signature) _____	Date _____