

Please acknowledge each of the following with your initials.

Initial Here

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

I have discussed any further questions that I may have with my skin care specialist.

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

I have been advised that my treatment is a noninvasive, light epidermal exfoliation consisting of any of the following: salicylic acid, AHAs, retinol, TCA, resorcinol, or red wine vinegar acid.

These are superficial procedures beneficial for generating new skin cells, new collagen formation and increases the blood circulation and flow to the skin. It does not replace deep chemical peels, laser resurfacing or plastic surgery.

I acknowledge that during application I will notice a warm sensation and the skin may tingle, sting or burn. Immediately after the peel my face may appear frosted or sunburned, and by day two, the skin may darken in color, feel tighter, and be more sensitive. Days two through seven, the skin will peel. I am not to pick or peel the old skin. Pulling or picking skin may lead to infection (which will require treatment with topical antibiotic) or surface scarring. I may experience some breaking out after a peel.

I acknowledge that I will avoid direct sun exposure and tanning beds during this procedure and will apply a sunscreen daily.

Skin peels may lighten hyperpigmented skin, and I acknowledge that there is NO GUARANTEE that dark discoloration of the skin known as melasma will be reduced or faded. I am aware that there could even be an increase of uneven color from this procedure.

I acknowledge that I have not been on Accutane during the past six months.

I acknowledge that I have not been using Retin A, Renova or any prescription strength topicals for the past two weeks.

I acknowledge that if I am prone to cold sores (herpes), I may need a prescription from my physician prior to having the peel. I am aware the treatment could bring about cold sores.

I acknowledge that I am not aspirin-sensitive or, if I am, I have discussed this with my skin care specialist and understand that there could be a reaction.

I acknowledge that I will not have any other skin care procedures of any sort until I am passed by my skin care specialist to do so.

I acknowledge that I am to refrain from facial waxing for one week after application of peel.

Client Signature: _____ Date: _____

Aesthetician Signature: _____ Date: _____