

CLIENT CONSENT FORM

Epidermal Peeling Procedures

Prior to receiving this treatment, I have been candid in revealing any condition that may have a bearing on this procedure (i.e. pregnancy, recent facial surgery, Botox, filler injections (collagen and others), Micro-pigmentation, Microdermabrasion, allergies, tendency to cold sores/fever blisters (Herpes Simplex), use of Retin-A, Renova, Differin, Accutane, any topical Alpha Hydroxy (AHA) or Beta Hydroxy (BHA-Salicylic) Acids, any oral contraceptives/hormone replacement therapy (HRT), or anti-coagulants (blood thinners).

I understand that there may be some degree of minor discomfort (i.e. stinging, pinpricking sensation, hotness, tightness, burning or itching, and that frosting, scabbing, swelling, and crusting are all common during healing. I UNDERSTAND THAT I AM NOT TO PICK THE FLAKING SKIN AS THIS COULD CAUSE UNWANTED PIGMENTATION.

I understand that this is an esthetic procedure and that to achieve maximum results I may need several ongoing treatments over a period of time and results are expected at no less than four procedures.

I acknowledge that no guarantee has been given to me as to the condition of the complexion, skin pore size, wrinkles or the percentage of improvement expected following treatment, due to each individual's unique reactions.

I understand that although complications are very rare, sometimes they may occur and that prompt attention/treatment is necessary. In the event of any complications, I will immediately contact the esthetician who performed this procedure.

I understand that I cannot undergo any hair removal/epilation services, and I must avoid any exfoliants or acid-based products for at least 4-5 days following this procedure. This includes the use of shaving of chemical depilatories for at least two weeks.

I clearly understand and have been informed that any sun exposure following this treatment can result in hypo/hyper pigmentation of my skin and the use of sunscreen is mandatory. An SPF 30 minimum is recommended.

I HEREBY AGREE TO ALL OF THE ABOVE AND TO HAVE THIS TREATMENT PERFORMED ON ME. I AGREE TO FOLLOW ALL PRESCRIBED DIRECTIONS REGARDING POST PEEL CARE.

Client Signature _____ Date _____

Esthetician Signature _____ Date _____