

CONSENT FOR SKINMEDICA® and PCA PEELS

Illuminize Peel® Vitalize Peel® Rejuvenize Peel™ PCA Peel

PURPOSE: The above peels range from very superficial to superficial, designed to improve the texture and appearance of your skin.

PATIENTS WHO SHOULD NOT BE TREATED: • Patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, dermatitis or inflammatory rosacea in the area to be treated. Inform the esthetician if you have any history of herpes simplex • Patients with a history of allergies (especially allergies to salicylates like aspirin), rashes, or other skin reactions, or those who may be sensitive to any of the components in this treatment • Patients who have taken Accutane within the past year • Patients who are pregnant or breastfeeding (lactating) • Patients who have received chemotherapy or radiation therapy • Patients with vitiligo • Patients with a history of an autoimmune disease (such as rheumatoid arthritis, psoriasis, lupus, multiple sclerosis, etc.) or any condition that may weaken their immune system

ONE WEEK BEFORE YOUR PEEL AVOID THESE PRODUCTS AND/OR

PROCEDURES: • Electrolysis • Waxing • Depilatory Creams Laser Hair Removal • Patients who have had BOTOX® injections should wait until full effect of their treatment is seen before receiving a Peel.

TWO TO THREE DAYS BEFORE YOUR PEEL AVOID THESE PRODUCTS AND/OR

PROCEDURES: • Retin-A®, Renova®, Differin®, Tazorac® • Any products containing retinal, alpha -hydroxy acid (AHA) or beta-hydroxy acid (BHA), or benzoyl peroxide • Any exfoliating products that may be drying or irritating • Patients who have had medical cosmetic facial treatments or procedures (e.g. laser therapy, surgical procedures, cosmetic filler, microdermabrasion, etc) should wait until skin sensitivity completely resolves before receiving a Peel

Note: The use of these products/treatments prior to your peel may increase skin sensitivity and cause a stronger reaction.

ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR PEEL: It is common and expected that your skin will be red, possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having a Peel: skin breakout or acne, rash, swelling, and burning.

Call the office immediately if you have any unexpected problems after the procedure.

FOR VITALIZE AND REJUVENIZE PEEL ONLY: Although most people experience peeling of their facial skin, not every patient notices that their skin peels after a Vitalize Peel procedure. Lack of peeling is NOT an indication that the peel was unsuccessful. If you do not notice actual peeling, please know that you are still receiving all the benefits of the Vitalize Peel, such as: stimulation of collagen production, improvement of skin tone and texture, and diminishment of fine lines and pigmentation.

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There are a number of reasons why a patient may not have peeling or may experience minimum peeling. The reasons may include: • Having peels regularly with a short interval between peels • Frequent use of Retin-A, AHA, or other peeling agents prior to the Peel treatment • Severe sun damage Proper skin evaluation by your skin care professional prior to your peel is important and will help predict the outcome of your peel.

By my signature below, I acknowledge that I have read this Consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with this Peel.

Note: Prices subject to change without notice.

I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING:

I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section. _____

I understand that the actual degree of improvement cannot be predicted or guaranteed. _____

I understand that I may need several of these peels to achieve optimal results. _____

I understand that for optimum results the post-peel instructions must be followed utilizing skin care products recommended by your physician or aesthetician. _____

I decline to purchase the recommended post-procedure products _____

By my signature below, I acknowledge that I have read this Consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with this peel.

_____	_____	_____
Patient Signature	Patient Name	Date

_____	_____	_____
Clinicien Signature	Patient Name	Date

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