

**SKIN REJUVENATION
INFORMED CONSENT**

Please read and initial after each paragraph.
You have the right to be informed about your skin peeling treatment.

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.	
My skin care specialist has answered any questions I have regarding my aftercare. I acknowledge my obligations to closely follow the after care instructions and visit my skin care specialist for a post peel treatment as specified.	
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 had a patch test and it is negative.	
I am willing to forego a patch test, but understand there could be an allergic response.	
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.	
The use of the above ingredients stimulates the skin to generate new skin cells and 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 during this procedure and will apply a sunscreen daily.	
Skin peels may lighten hyperpigmented skin, 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 or Renovea 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 there could be a reaction.	

Client Signature _____

Print Name _____

Date / / _____