

**DATE / INITIALS**[illegible]

1. Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy, recent facial surgery, allergies, tendency to cold sores or fever blisters, and use of Retin-A, Accutane, Differin, Tazorac or Avage.
2. I understand there may be some degree of discomfort; such as stinging, pin-prickling sensation, heat or tightness.
3. I understand there are no guarantees as to the results of this treatment due to many variables, such as: age, condition of skin, smoking, climate, etc.
4. I understand that I may or may not actually peel, that each case is individual. Amount of peeling does not correlate with degree of improvement.
5. I understand that this treatment is a cosmetic treatment and that no medical claims are expressed or implied.
6. I understand that to achieve maximum results, I may need several treatments.
7. I understand that although complications are rare, sometimes they may occur and that prompt treatment is necessary. In the event of complications, I will immediately contact the Esthetician that performed the treatment.
8. I agree to refrain from tanning in tanning beds or outdoors while I am undergoing treatment and during the 14 days prior to and following the end of the treatment.
9. I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of sunscreen protection with a minimum of SPF 15 is mandatory.
10. I have not had any other chemical peel of any kind within 14 days of this treatment. I understand I cannot have another treatment within 14 days of this treatment, whether it is performed at this location or any other location.

I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-peel treatment care instructions as I am directed.

Signature

Date \_\_\_\_\_

Printed Name \_\_\_\_\_