

CONSENT FORM ••• FOR YOUR PEEL TREATMENT

••• •••• • St, Clair Skin Care \sim Love the Skin You're In

CONTINUED TREATMENT CONSENT	
DATE	INTIALS

Prior to recieving treatment, I have been candid in revealing any condition that may have bearing on this procedure. Such as ~ pregnancy (if so, do not do treatment), recent facial surgery, allergies, tendency to cold sores/fever blisters, use of products such as Retin-A®, Accutane®, Differin® and/or hormones.

I understand there may be some degree of discomfort \sim i.e., stinging, pinpricking sensation, hotness or tightness.

I understand there are no guarantees as to the results of this treatment due to many variables such as \sim age, condition of the skin, sun damage, smoking, climate and other factors.

I understand I may or may not actually peel \sim that each case is different.

I understand that to achieve maximum results I may need several treatments.

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

I agree to refrain from tanning in any tanning booths or facilities while I am undergoing treatment and during the 21 days following the end of treatment.

I understand that direct sun exposure is prohibited while I am undergoing treatment and that the use of sun block protection with a minimum of SPF15 is MANDATORY.

I have not had any other peel treatment of any kind within 14 days of this treatment.

I understand that I cannot have any other treatments within 14 days following this treatment, whether the treatment is performed at this location or any other location.

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

Signature___

Date:___

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