

## **Acne Treatment Consent Form**

An acne treatment may consist of surface cleansing, mild chemical peels or steam and exfoliation, application of antibacterial serums, corrective serums and extractions. Treatments take approximately 20 to 45 minutes to complete and are designed to balance, hydrate, clear acne impactions and prepare the skin for the home care regimen. Implements and equipment used in all this facility are disposable or properly sterilized according to the State Board of Cosmetology regulations.

IMPORTANT: PLEASE READ CAREFULLY  I have not been exposed to excessive sun I have not had any other chemical peel of I have not had any facial waxing, within see I have informed the clinic of all health pro I have informed the clinic of any use of or (Retin-A, Renova, Avita, Differin, Tazorac) or Ac I understand that controlling acne/proble and compliance to the home care product pro I understand that I will probably not expect this procedure if I follow my homecare instructions.	a and my skin does not feel s f any kind, within 14 days of even days of this treatment. oblems of which I am aware, ral or topical medications I m ccutane. em skin is best achieved thro ogram recommended by a Fa erience much visible peeling,	this treatm including hay be usin ugh a serie ace Reality	ent. nerpes simplex/ccg including Retines s of recommende certified esthetici	old sores. oids ed treatments an.
WARNINGS: PLEASE READ CAREFULLY and Avoid direct sunlight or tanning booths for Use of sunblock protection is necessary for Do not pick your skin following a treatmer Face Reality Skin Care products are clinical Tingling sensations are normal with product a and irritation with any product, stop using the RESCHEDULING GUIDELINES AND LATE A 24-hour rescheduling notice is required the right to charge a \$50.00 fee for missed applicate we cannot guarantee that we will be able we cannot fit you in there will be a \$50 fee charge.	or at least three days following ollowing all treatments.  ent.  al-strength active formulas dipplication but should not be product and call your esthematical.  E POLICY: PLEASE READ and. We realize emergencies his pointments without a 24-hout of it your appointment into	esigned to painful. If tician for fu CAREFUL appen and ur notice. the schedu	treat problem sk you are experient urther instruction. LY and initial will be considered If you are more t	cing stinging  ed, but reserve  han 20 minutes
I,monitoring treatment progress.			my face to be use	ed for
I hereby agree to all of the above and agree to post-treatment care instructions as I am direct		formed on	me. I further agre	e to follow all
Name:		Date:		
Address:	City:	State:	Zip:	
Signature of Client:				
Signature of Esthetician:				