

YOUR POST-PEEL KIT

This post-treatment kit has been created to care for your skin following a chemical peel or professional treatment. Follow the post-peel regimen and use only the three AlumierMD products in this kit for five to seven days:

1 SENSICALM CLEANSER (15 mL / 0.5 Fl. oz)

A smooth hydrating cleanser, that delicately removes impurities and excess oil while calming skin. Yucca root extract is a gentle natural cleanser; niacinamide, ceramides, vitamin E and sunflower seed oil moisturise, leaving skin smooth, soft and intensely hydrated. Aloe soothes skin and calms redness.

Instructions: Massage into skin and rinse thoroughly.

2 RECOVERY BALM (15 mL / 0.5 Fl. oz)

Specifically formulated for post-procedure recovery and packed with soothing and antioxidant ingredients, this moisturiser relieves redness and calms skin. Hinokitiol and sea whip relieve redness, aloe, honey and boswellia soothe and copper peptide rehabilitates the look of skin.

Instructions: Gently massage into clean skin with fingertips. Apply during the day as needed.

3 SHEER HYDRATION BROAD SPECTRUM SPF 40 SUNSCREEN (15 mL / 0.5 Fl. oz)

A silky and sheer physical sunscreen that provides powerful protection against harmful UVA and UVB rays. It uses a combination of zinc oxide and titanium dioxide, while moisturising with vitamin E. This formula is also packed with free-radical quenching antioxidants, including resveratrol, grapeseed extract and glutathione, to protect skin from UV damage.

Instructions: Apply liberally to treated areas after cleansing and applying Recovery Balm. Reapply throughout the day.



A.M. PROTOCOL

STEP 1: SensiCalm Cleanser

STEP 2: Recovery Balm

STEP 3: Sheer Hydration Broad Spectrum Sunscreen SPF 40



P.M. PROTOCOL

STEP 1: SensiCalm Cleanser

STEP 2: Recovery Balm

Discontinue use if any products cause burning on the skin and contact your skincare provider.

If you have any questions or concerns, please contact your AlumierMD professional.

I agree to follow all post peel instructions outlined in this document and accept full responsibility for any adverse event that occurs as a result of me failing to do so.

SIGNED PATIENT _____

DATED _____

SIGNED PRACTITIONER _____

DATED _____