

new patient procedure checklist

Patient name: _____ Date: _____

Clinician comments

Discuss peel treatments with patient:

- Patient Profile** form
- Expectations
- Possible reactions
- Mandatory sunscreen use
- Have patient sign the **Consent Form** and give them a copy

Analyze the skin:

- Visually
- UV light devices (Wood's Lamp, Visia®, Skin Scanner)
- Magnifying lamp
- Take "before" pictures/use **Face Diagram** when a camera or UV light device is not available

Daily care regimen:

- Trial-size solutions
- Customized regimen with instructions
- Patient brochure
- Preparation For A Peel Treatment** instructions

Peel appointment:

- Date of first treatment
- Post-Procedure Skin Treatment Tips**
- Post-Procedure Daily Care Regimen**

What is your daily care regimen? _____

What are the cosmetic improvements you would like to see in your skin? _____

Treatment recommendation: _____

Patch test date: _____ Solution: _____ Test area: _____ Result: _____

patient profile

Name: _____ DOB: _____ Age: _____ Sex: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

About you:

- What is your hereditary background? (circle all that apply) Nordic / Scandinavian / Irish / English / Asian / Mediterranean / Hispanic / Native American / Middle Eastern / African American / Other _____
- Natural eye color: _____
- Natural hair color: _____
- Do you consider your skin (circle the best option): Sensitive / Resilient / Unsure
- Describe your skin (circle all the apply): Normal / Dry / T-Zone/Combination / Thick / Thin / Saggy / Firm / Oily / Acne / Comedones/Blackheads / Milia / Cysts / Breakouts / Acne-scarred / Large pores / Small pores / Rosacea / Eczema / Freckled / Sun-damaged / Melasma / Hyperpigmentation / Hypopigmentation / Uneven/Blotchy / Mature / Wrinkled / Patchy dryness / Sallow / Psoriasis / Dehydrated/Lacking moisture / Asphyxiated / Telangiectasia/Broken surface capillaries
- What are the changes you'd most like to see in your skin?

Lifestyle:

- Are you pregnant or lactating? No Yes
(Please consult with your obstetrician. Only the **Oxygenating Trio®**, **Detox Gel Deep Pore Treatment** or **Hydrate: Therapeutic Oat Milk Mask** are appropriate.)
- Do you wear contact lenses? No Yes
(Remove contacts if eyes are sensitive or if having microdermabrasion.)
- Do you currently have a sunburned/windburned/red face? No Yes
Why? _____
- Are you in the habit of going to tanning booths? No Yes
(If within past 14 days, decline treatment. This practice should be discontinued due to increased risk of skin cancer and signs of aging.)
- Do you participate in vigorous aerobic activity or sports? No Yes
What type? _____
- Do you smoke or use tobacco? No Yes
- What kind of work do you do? _____
- On average, how many hours per week do you spend outdoors? _____

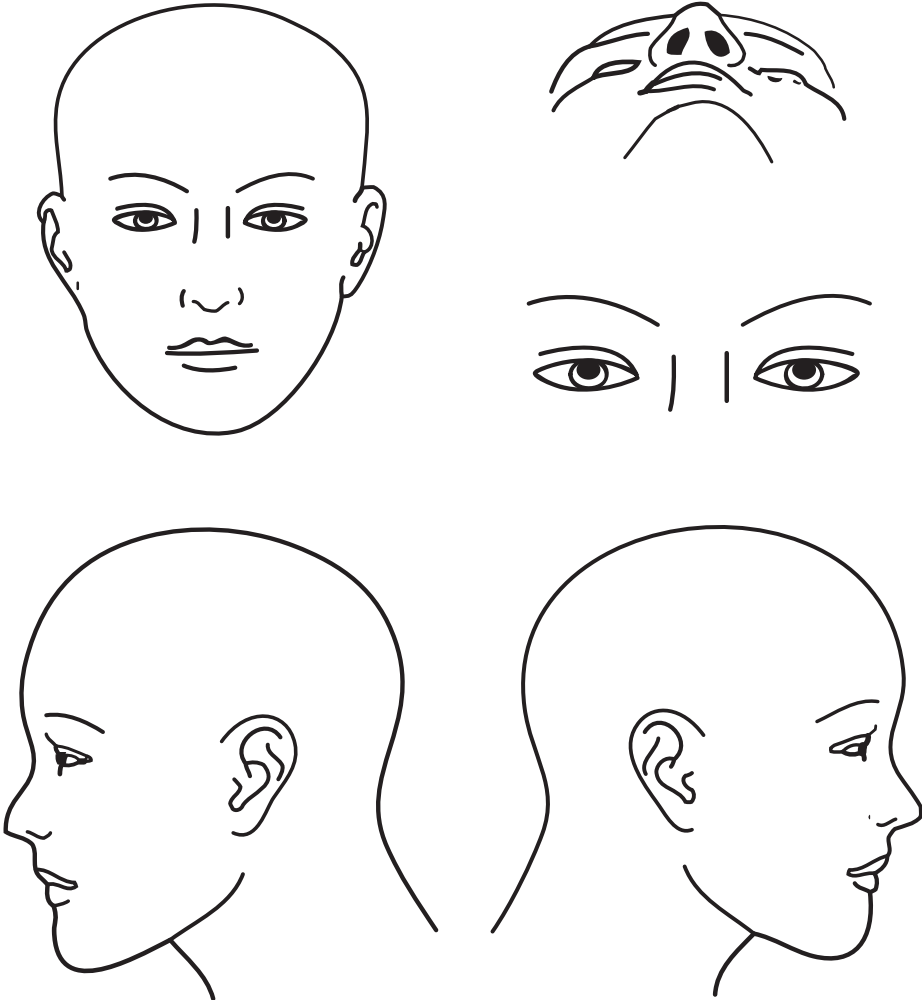
Medical/treatment history:

- Do you currently use depilatories or wax? No Yes
(Discontinue use five days pre- and post-treatment.)
- Have you had a chemical peel or any type of procedure with a medical device? No Yes
Within the last 14 days? No Yes
What type? _____
- Do you have regular collagen, Botox® or other dermal filler injections? No Yes
(Peels should precede or follow injections by two days to prevent movement of the filler or stinging at the injection site.)
- Have you recently had laser resurfacing or facial surgery? No Yes
Describe: _____
When? _____
- Are you currently taking any medications, topical or otherwise? No Yes
(Tretinoin/Retin-A®/Renova®/Differin®/Tazorac®/Avage®/ EpiDuo®/Ziana®)
Which one(s)? _____
For how long? _____
What strength? _____
(High percentages of certain ingredients may increase sensitivity. Discontinue use five days before and after treatment. Consult your physician before discontinuing use of any prescription.)
- Have you ever undergone Accutane® therapy (isotretinoin)? No Yes
(If you are currently using Accutane® therapy (isotretinoin), please consult with your dispensing physician.)
(If you are no longer using Accutane® therapy (isotretinoin) it is OK to apply ONE layer of **Ultra Peel® I, Sensi Peel®, Advanced Treatment Booster, Oxygenating Trio®, Hydrate: Therapeutic Oat Milk Mask or Revitalize: Therapeutic Papaya Mask.**)
- Do you develop cold sores/fever blisters? No Yes
Last breakout? _____
- Are you allergic/sensitive to (circle all that apply) milk / apples / citrus / grapes /
aloe vera / aspirin / perfumes / latex / hydroquinone / mushrooms? No Yes
If any other allergies, what? _____
- Have you ever used any other products that caused a bad reaction? No Yes
Describe: _____

Patient signature: _____ Date: _____

Clinician signature: _____ Date: _____

face diagram



preparation for a peel treatment

You will be having a light peel treatment on the day of your appointment. Please follow the outline below to prepare.


- Use of PCA SKIN® daily care products prior to your peel will prepare the skin, allow for better treatment results and reduce the risk of complications. This is recommended but not mandatory. Please consult your physician or skincare clinician for appropriate recommendations for your skin type and condition.

It is recommended that you take the following into consideration:

- For best results and to reduce the risk of complications, it is recommended that you use PCA SKIN daily care products 10 to 14 days prior to treatment.
- If you are lactating, pregnant or may be pregnant, only an **Oxygenating Trio®**, **Detox Gel Deep Pore Treatment** or **Hydrate: Therapeutic Oat Milk Mask** is appropriate. Consult your OB/GYN before receiving any treatment.
- Do not go to a tanning bed two weeks prior to treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.
- It is recommended that extended sun exposure be avoided, especially in the 10 days prior to treatment.
- It is recommended to delay use of tretinoin, Retin-A®, Renova®, Differin®, Tazorac®, Avage®, EpiDuo®, Ziana® and high-percentage AHA and BHA products for approximately five days prior to treatment. Consult your physician before temporarily discontinuing use of any prescription medications.

PCA SKIN superficial peels result in little to no downtime but create dramatic and visible results. Treatments may cause slight redness, tightness, peeling, flaking or temporary dryness. Most patients find it unnecessary to apply makeup, as the skin will be smooth, dewy and radiant following your treatment. If you would like to apply makeup, allow approximately 15 minutes for the pH of the skin to stabilize before applying foundation.

patient treatment log



Treatment #: _____ Date: _____

Patient name: _____ Next scheduled treatment: _____

Area treated: face neck chest hands arms feet other _____ Scale of one to ten: 1 2 3 4 5 6 7 8 9 10

Comments: _____

Protocol:

Cleanse

Facial Wash Oily/Problem

Other: _____


Prep/degrease

Smoothing Toner

Nutrient Toner

Treat

<p>Enhanced Jessner's peels</p> <p><input type="checkbox"/> PCA Peel® Hydroquinone Free _____ layers</p> <p><input type="checkbox"/> PCA Peel® with Hydroquinone _____ layers</p> <p><input type="checkbox"/> PCA Peel® with Hydroquinone & Resorcinol _____ layers</p> <p>TCA peels</p> <p><input type="checkbox"/> Sensi Peel® _____ layers</p> <p><input type="checkbox"/> Ultra Peel® I _____ layers</p> <p><input type="checkbox"/> Ultra Peel Forte® _____ layers</p> <p><input type="checkbox"/> Smoothing Body Peel® _____ layers</p> <p>Retinoid treatments</p> <p><input type="checkbox"/> Advanced Treatment Booster _____ 1 layer</p> <p><input type="checkbox"/> 6% Pure Retinol Peel _____ 1 layer</p>	<p>Therapeutic masks</p> <p><input type="checkbox"/> Hydrate: Therapeutic Oat Milk Mask _____ 1 layer</p> <p><input type="checkbox"/> Revitalize: Therapeutic Papaya Mask _____ 1 layer</p> <p><input type="checkbox"/> Clarify: Therapeutic Salicylic Acid Mask _____ 1 layer</p> <p><input type="checkbox"/> Retexturize: Therapeutic Pumpkin Mask _____ 1 layer</p> <p>Peel alternatives</p> <p><input type="checkbox"/> Detox Gel Deep Pore Treatment _____ 1 layer</p> <p><input type="checkbox"/> Oxygenating Trio® _____ 1 layer</p> <p>Treatment enhancements</p> <p><input type="checkbox"/> Replenishing Gel _____ layers</p> <p><input type="checkbox"/> Calming Balm _____ layers</p>	<p>Correct</p> <p><input type="checkbox"/> ExLinea® Peptide Smoothing Serum</p> <p><input type="checkbox"/> Pigment Gel®</p> <p><input type="checkbox"/> Pigment Gel® HQ Free</p> <p><input type="checkbox"/> Acne Gel <input type="checkbox"/> Acne Cream</p> <p><input type="checkbox"/> C-Quench® Antioxidant Serum</p> <p><input type="checkbox"/> A&C Synergy Serum®</p> <p><input type="checkbox"/> Total Strength Serum</p> <p><input type="checkbox"/> Hydrating Serum</p> <p><input type="checkbox"/> Rejuvenating Serum</p> <p><input type="checkbox"/> Anti-Redness Serum</p> <p><input type="checkbox"/> Retinol Renewal with RestorActive Complex</p> <p><input type="checkbox"/> Intensive Clarity Treatment®: 0.5% pure retinol night</p> <p><input type="checkbox"/> Intensive Age Refining Treatment®: 0.5% pure retinol night</p> <p><input type="checkbox"/> Intensive Brightening Treatment: 0.5% pure retinol night</p> <p><input type="checkbox"/> C&E Strength</p> <p><input type="checkbox"/> C&E Strength Max</p> <p><input type="checkbox"/> Ideal Complex Revitalizing Eye Gel</p> <p><input type="checkbox"/> Ideal Complex Restorative Eye Cream</p> <p><input type="checkbox"/> EyeXcellence</p> <p><input type="checkbox"/> Perfecting Neck & Décolleté</p> <p><input type="checkbox"/> CliniCalm™ 1%</p> <p><input type="checkbox"/> Peptide Lip Therapy</p> <p><input type="checkbox"/> Other: _____</p> <p>Hydrate & protect</p> <p><input type="checkbox"/> Clearskin</p> <p><input type="checkbox"/> ReBalance</p> <p><input type="checkbox"/> Weightless Protection Broad Spectrum SPF 45</p> <p><input type="checkbox"/> Perfecting Protection Broad Spectrum SPF 30</p> <p><input type="checkbox"/> Protecting Hydrator Broad Spectrum SPF 30</p> <p><input type="checkbox"/> Hydrator Plus Broad Spectrum SPF 30</p> <p><input type="checkbox"/> Sheer Tint Broad Spectrum SPF 45</p> <p><input type="checkbox"/> Other: _____</p>
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post-procedure skin treatment tips

For two days post-procedure:

- Stay cool! Heating internally can cause hyperpigmentation.
- Do not put the treated area directly into a hot shower spray.
- Do not use hot tubs, steam rooms or saunas.
- Do not go swimming.
- Do not participate in activities that would cause excessive perspiration.
- Do not use loofahs or other means of mechanical exfoliation.
- Do not direct a hair dryer onto the treated area.
- Do not apply ice or ice water to the treated area.

General guidelines:

- After receiving a PCA SKIN® professional treatment, you should not necessarily expect to “peel”. However, light flaking in a few localized areas for several days is typical. Most patients who undergo these treatments have residual redness for approximately one to 12 hours post-procedure.
- As with all peels and treatments, it is recommended that makeup not be applied the day of treatment, as it is ideal to allow the skin to stabilize and rest overnight; however, makeup may be applied 15 minutes after the treatment if desired.
- To minimize side effects and maximize results use the **Post-Procedure Solution** for three to five days or until flaking has resolved.
- If the skin feels tight, apply **ReBalance** for normal to oily skin types or **Silkcoat® Balm** for drier skin types to moisturize as needed. For maximum hydration, you can apply **Hydrating Serum** under **ReBalance** or **Silkcoat® Balm**.
- Moisturizer should be applied at least twice a day, but can be applied more frequently for hydration and to decrease the appearance of flaking.
- It is recommended that other topical, over-the-counter medications or alpha hydroxy acid products not be applied to the skin seven days post-procedure, as they may cause irritation.
- It is recommended to delay use of tretinoin, Retin-A®, Differin®, Renova®, Tazorac®, Avage®, EpiDuo® or Ziana® five days post-procedure. Consult your physician before temporarily discontinuing use of any prescription medications.
- Avoid direct sun exposure and excessive heat. Use **Weightless Protection Broad Spectrum SPF 45**, **Perfecting Protection Broad Spectrum SPF 30**, **Protecting Hydrator Broad Spectrum SPF 30** or **Hydrator Plus Broad Spectrum SPF 30** or **Sheer Tint Broad Spectrum SPF 45** for broad spectrum UV protection.
- Do not go to a tanning bed for at least two weeks post-procedure. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.
- Do not pick or pull on any loosening or peeling skin. This could potentially cause hyperpigmentation.
- Do not have electrolysis, facial waxing or use depilatories for approximately five days.

Do not have another treatment until your clinician advises you to do so.