new patient procedure checklist

Pa	tient name:	D	ate:	Clinician comments
Di	scuss peel treatment	s with patient:		
	Patient Profile form			
	Expectations			
	Possible reactions			
	Mandatory sunscreer	n use		
	-	Consent Form and giv	e them a copy	
An	alyze the skin:			
	Visually			
	-	od's Lamp, Visia®, Skin S	Scanner)	
	Magnifying lamp			
	Take "before" picture device is not available		nen a camera or UV light	t
Da	nily care regimen:			
	Trial-size solutions			
	Customized regimen	with instructions		
	Patient brochure			
	Preparation For A P	eel Treatment instruction	ons	
Pe	el appointment:			
	Date of first treatmen	t		
	Post-Procedure Skir	n Treatment Tips		
	Post-Procedure Dai	ly Care Regimen		
W	hat is your daily care re	egimen?		
W	hat are the cosmetic in	nprovements you would	like to see in your skin?	·
Tre	eatment recommendat	tion:		
Pa	tch 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 a Mediterranean / Hispanic / Native American / Natural eye color: Natural eye color:	Middle Eastern / African Ameri	_
 Natural hair color:	nal / Dry / T-Zone/Combination / / Milia / Cysts / Breakouts / Acn Sun-damaged / Melasma / Hyp e / Wrinkled / Patchy dryness / S / Telangiectasia/Broken surface	/ Thick / Thin / Saggy / ne-scarred / Large pores / perpigmentation / Sallow / Psoriasis /
What are the changes you'd most like to see	in your skin?	
Lifestyle: • Are you pregnant or lactating?		□ No □ Yes

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? (Remove contacts if eyes are sensitive or if having microdermabrasion.) 	□ No □ Yes
 Do you currently have a sunburned/windburned/red face? Why? 	□ No □ Yes
 Are you in the habit of going to tanning booths? (If within past 14 days, decline treatment. This practice should be discontinued due to increased risk of skin cancer and signs of aging.) 	□ No □ Yes
 Do you participate in vigorous aerobic activity or sports? What type? 	□ No □ Yes
• 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? (Discontinue use five days pre- and post-treatment.)	□ No □ Yes
 Have you had a chemical peel or any type of procedure with a medical device? Within the last 14 days? What type? 	□ No □ Yes □ No □ Yes
 Do you have regular collagen, Botox® or other dermal filler injections? (Peels should precede or follow injections by two days to prevent movement of the filler or stinging at the injection site.) 	□ No □ Yes
Have you recently had laser resurfacing or facial surgery? Describe: When?	□ No □ Yes
 Are you currently taking any medications, topical or otherwise? (Tretinoin/Retin-A®/Renova®/Differin®/Tazorac®/Avage®/ EpiDuo®/Ziana®) Which one(s)? For how long? What strength? 	□ No □ Yes
(High percentages of certain ingredients may increase sensitivity. Discontinue use five days before and after treatment. Consult your physician before discontinuing use of any prescrip	
 Have you ever undergone Accutane® therapy (isotretinoin)? (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: The consult of the property of	□ No □ Yes
Oat Milk Mask or Revitalize: Therapeutic Papaya Mask.)	•
Do you develop cold sores/fever blisters? Last breakout?	□ No □ Yes
 Are you allergic/sensitive to (circle all that apply) milk / apples / citrus / grapes / aloe vera / aspirin / perfumes / latex / hydroquinone / mushrooms? If any other allergies, what? 	□ No □ Yes
Have you ever used any other products that caused a bad reaction? Describe:	□ No □ Yes

Patient signature:	_ Date:
Clinician signature:	_ Date:

consent form

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy (if so, consult your physician prior to treatment), recent facial surgery, allergies, tendency to cold sores/fever blisters, or use of topical and/or oral prescription medications such as: tretinoin, Retin-A°, isotretinoin, Accutane°, Differin°, Tazorac°, Avage°, EpiDuo° or Ziana°.

I understand there may be some degree of discomfort such as stinging, pin-prickling sensation, heat or tightness.

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc.

I understand I may or may not actually peel and that each case is individual. I understand that the amount of peeling does not correlate with degree of improvement.

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

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 physician/clinician who performed the treatment.

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 treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.

I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of sunscreen protection with a minimum SPF of 30 is mandatory.

I have not had any other chemical peel of any kind within 14 days of this treatment. I understand I cannot have another chemical peel within 14 days of this treatment, whether it is performed at this location or any other location.

I understand that I should follow my clinician's recommendations for post-procedure skin care to minimize side effects and maximize results.

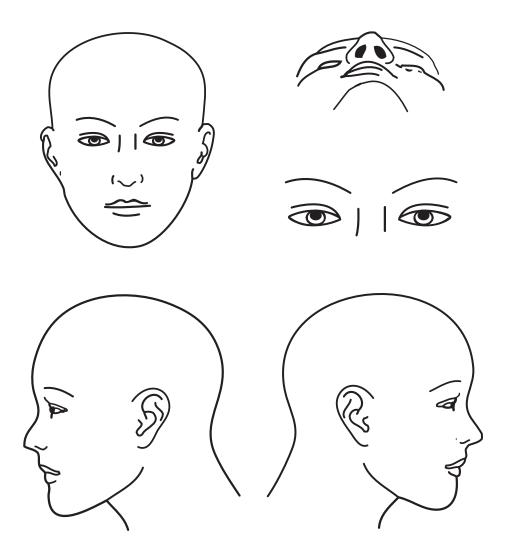
I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-peel care instructions as I am directed.

Signature:	Date:
Initials:	
Signature of clinician:	
Signature of witness:	

Continued treatment consent

Date	Initials

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

PCA skin [®]			Trea	tment #:		Date:
Patient name:				scheduled	trea	atment:
Area treated: face neck	chest han	ds arms feet	other Scal	e of one to	ten:	1 2 3 4 5 6 7 8 9 10
Comments:						
Protocol:					_	orrect
Cleanse						ExLinea® Peptide Smoothing Serum Pigment Gel®
☐ Facial Wash Oily/Problem						Pigment Gel® HQ Free
☐ Other:						Acne Gel ☐ Acne Cream C-Quench® Antioxidant Serum
Prep/degrease						A&C Synergy Serum®
☐ Smoothing Toner						Total Strength Serum
■ Nutrient Toner						Hydrating Serum Rejuvenating Serum
Treat						Anti-Redness Serum
Enhanced Jessner's peels		Therapeutic masks	3			Retinol Renewal with RestorAtive Complex
D DOA Deel® I hadre with the Free	la	Dillicolomber Theorem	tie Oet Mille Maeele	4		Intensive Clarity Treatment*: 0.5% pure retinol night Intensive Age Refining Treatment*: 0.5% pure
☐ PCA Peel® Hydroquinone Free	iayers	☐ Hydrate: Therapet	ITIC Oat Milk Mask	iiayer		retinol night
☐ PCA Peel® with Hydroquinone	layers	☐ Revitalize: Therap	eutic Papaya Mask	_1_layer		Intensive Brightening Treatment: 0.5% pure retinol night C&E Strength
☐ PCA Peel® with Hydroquinone		☐ Clarify: Therapeution	c Salicvlic Acid Mask	1 laver		C&E Strength Max
& Resorcinol	layers	, ,	•			Ideal Complex Revitalizing Eye Gel
TCA peels		☐ Retexturize: Thera	peutic Pumpkin Mask	C_1_layer		Ideal Complex Restorative Eye Cream EyeXcellence
•		Peel alternatives				Perfecting Neck & Décolleté
☐ Sensi Peel®	layers	☐ Detox Gel Deep F	Pore Treatment	1 lavor		CliniCalm™ 1%
☐ Ultra Peel® I	layers	·				Peptide Lip Therapy Other:
☐ Ultra Peel Forte®	layers	■ Oxygenating Trio®		1layer	H	ydrate & protect
	•	Treatment enhance	ements		_	Clearskin ReBalance
□ Smoothing Body Peel®	layers	☐ Replenishing Gel		layers	_	Weightless Protection Broad Spectrum SPF 45
Retinoid treatments				•	ш	Perfecting Protection Broad Spectrum SPF 30
☐ Advanced Treatment Booster	1 lavor	□ Calming Balm		layers		Protecting Hydrator Broad Spectrum SPF 30 Hydrator Plus Broad Spectrum SPF 30
						Sheer Tint Broad Spectrum SPF 45
☐ 6% Pure Retinol Peel	1layer					Other:

PCA skin°		T	Deter	
			Date:	
Patient name:		Next scheduled treatment:		
Area treated: face neck chest	hands arms feet other	Scale of one to t	ten: 1 2 3 4 5 6 7 8 9 10	
Comments:				
Protocol:			Correct	
Cleanse			☐ ExLinea® Peptide Smoothing Serum	
☐ Facial Wash Oily/Problem			☐ Pigment Gel®☐ Pigment Gel® HQ Free	
Other:			☐ Acne Gel ☐ Acne Cream	
Prep/degrease			☐ C-Quench® Antioxidant Serum	
□ Smoothing Toner			□ A&C Synergy Serum®	
□ Nutrient Toner			□ Total Strength Serum□ Hydrating Serum	
- Numerit Torier			Rejuvenating Serum	
Treat			☐ Anti-Redness Serum	
Enhanced Jessner's peels	Therapeutic masks		☐ Retinol Renewal with RestorAtive Complex	
•	•		☐ Intensive Clarity Treatment*: 0.5% pure retinol night☐ Intensive Age Refining Treatment*: 0.5% pure	
☐ PCA Peel® Hydroquinone Freelay	rers	Mask <u>1</u> layer	retinol night	
☐ PCA Peel® with Hydroquinone lay	vers 🚨 Revitalize: Therapeutic Papaya	Mask 1 laver	☐ Intensive Brightening Treatment: 0.5% pure retinol night	
ar our cer with hydroquilloneayers arrevitailize. The apeatier apayarwas		•	☐ C&E Strength	
□ PCA Peel® with Hydroquinone	☐ Clarify: Therapeutic Salicylic Aci	d Mask _1_layer	C&E Strength Max Ideal Complex Positalizing Fig. Cal.	
& Resorcinollay	rers Retexturize: Therapeutic Pumpk	in Mack 1 Javor	☐ Ideal Complex Revitalizing Eye Gel☐ Ideal Complex Restorative Eye Cream	
TCA peels	a netextanze. merapeatie i ampr	iii i wask <u>i</u> layoi	☐ EyeXcellence	
	Peel alternatives		□ Perfecting Neck & Décolleté	
☐ Sensi Peel®lay	vers ☐ Detox Gel Deep Pore Treatmer	t 1 layer	□ CliniCalm™ 1%	
☐ Ultra Peel® I	vers	ıı <u>ı</u> ıayer	☐ Peptide Lip Therapy ☐ Other:	
	□ Oxygenating Trio [®]	1layer	Hydrate & protect	
☐ Ultra Peel Forte®lay	rers		□ Clearskin	
☐ Smoothing Body Peel® lay	Treatment enhancements vers		☐ ReBalance	
a officeating Body Foor	☐ Replenishing Gel	layers	☐ Weightless Protection Broad Spectrum SPF 45	
Retinoid treatments			 □ Perfecting Protection Broad Spectrum SPF 30 □ Protecting Hydrator Broad Spectrum SPF 30 	
☐ Advanced Treatment Booster ☐ 1 ☐ lay	☐ Calming Balm	layers	☐ Hydrator Plus Broad Spectrum SPF 30	
- Advanced freatment booster	CI		☐ Sheer Tint Broad Spectrum SPF 45	
□ 6% Pure Retinol Peel1_lay	ver		Other:	

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.