ENDLESS BEAUTY MED SPA

Informed Consent for Skin Rejuvenation

Please read and initial after each paragraph. You have the right to be informed about your skin peeling treatment.

\_\_\_\_\_\_\_I have been given the Skin History Questionnaire and have read and answered the questions thoroughly. I have discussed any further questions that I may have with my skin care specialist.

\_\_\_\_\_\_\_My skin care specialist has answered my questions I have regarding my aftercare. I acknowledge my obligations to closely follow the aftercare instructions and visit my skin care specialist for a post peel treatment as specified.

\_\_\_\_\_\_\_I am aware and acknowledge that there is a rare possibility of an allergic reaction. I have discussed thoroughly with my skin care specialist any such reactions and understand them.

\_\_\_\_\_\_\_I have been advised that my treatment is consisting of Salicylic Acid, Lactic Acid, Glycolic Acid, Resorcinol, Red Wine Vinegar Acid or TCA.

\_\_\_\_\_\_\_The use of the above ingredients stimulates the skin to generate new skin cells and new collagen formation and increases the blood circulation and flow to the skin.

\_\_\_\_\_\_\_I acknowledge that during application I will notice a warm sensation and the skin may tingle, sting or burn. Immediately after the peel, my face may appear frosted or sunburned and by day two, the skin may darken in color, feel tighter and be more sensitive. Days two through seven, the skin will peel. I am not to pick or peel the old skin. Pulling or picking skin may lead to infection (which will require treatment with topical antibiotic) or surface scarring. I may experience some breaking out after a peel.

\_\_\_\_\_\_\_I acknowledge that I will avoid direct sun exposure during this procedure and will apply sunscreen daily.

Skin peels may lighten hyper-pigmented skin.

\_\_\_\_\_\_\_I acknowledge that there is NO GUARANTEE that dark discoloration of the skin known as melasma will be reduced or faded. I am aware that there could even be an increase of uneven color from this procedure.

I acknowledge that I have not been on Accutane during the past six months.
I acknowledge that I have not been using Retin A or Renova for the past two weeks.

I acknowledge that if I am prone to cold sores (herpes), I may need a prescription from my physician prior to having a peel. I am aware that the treatment could bring about cold sores.

I acknowledge that I am not aspirin sensitive or if I am, I have discussed this with my skin care specialist and understand there could be a reaction.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Doctor or Nurse/Injector Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_