



VI PEEL

VI Peel® Body Consent Form

Patient Name _____ Date _____

The VI Peel Body contains a synergistic blend of powerful ingredients suitable for all skin types. VI Peel Body will improve the tone, texture and clarity of the skin; reduce age spots, improve hyperpigmentation, soften stretch marks; clear acne skin conditions; reduce or eliminate acne scars; improve common conditions of the body like tinea versicolor, keratosis pilaris, and acanthosis nigricans while stimulating the production of collagen, for firmer, more youthful skin.

Contraindications:

- Patients who are pregnant or who are breast feeding
- Patients who have a phenol allergy or allergy to any of the ingredients in the peel including: Glycolic Acid, Lactic Acid, Mandelic Acid, Phenol, Trichloroacetic Acid, Aloe Vera, or Allantoin
- Patients who have used oral isotretinoin (Accutane) within the past 6 months
- Patients who have warts, open wounds, or history of herpes outbreaks
- Patients who are undergoing chemotherapy and or radiation therapy within 6 months
- Patients who have keloids, a history of keloids, hypertrophic scars or active skin cancer(s)
- Patients with a history of an autoimmune (i.e. Lupus) or liver disease/disorder as well as any condition that may weaken their immune system

_____ Prior to receiving treatment, I have communicated with the Practitioner about any conditions or medications that may contraindicate this procedure.

_____ I understand that there may be some degree of discomfort such as burning, stinging, redness, heat, or tightness during and up to 10 days after the procedure.

_____ I understand that there is no guarantee of the final results of the peel. Occasionally hyperpigmentation may develop which may persist for a week or months after the peel.

_____ I understand although complications are very rare, sometimes they may occur. In the event of any complications, I will immediately contact the Physician/Clinician who performed the treatment.

_____ I understand if I have any acne condition in the skin, the peel may bring out oils and bacteria from below the surface and can cause an ordinary breakout.

_____ I understand that maintenance of VI Peel® Body treatments are necessary to maintain results as well as the recommended VI Derm® skin care regimen and SPF 50+.

_____ I understand that extended direct sun exposure including tanning beds are strictly prohibited before and after receiving the VI Peel® Body.

_____ I understand no activities involving excessive sweating can be done for 5-7 days (intense exercise, sauna, hot tub steam room and that overheating may cause me to develop blisters or cause hyperpigmentation to worsen.)

_____ I understand that I must protect my skin with VI Derm® SPF 50+ and avoid sun exposure during the 7-10 day exfoliation process.

_____ I understand that this is an elective cosmetic procedure.

_____ I understand that no other chemical peels, facial machine brushes or medical device (laser, IPL, etc) treatments may be performed on my skin until my physician/clinician releases me to do so.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement in its entirety. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

Printed Patient Name

Patient Signature

Date

Printed Practitioner Name

Practitioner Signature

Date

PEEL SIZE:

LOT #

EXP DATE: