



Above & Beyond DaySpa

Image Peel Consent Form

Date: _____

Name: _____

1. I acknowledge having been informed that this procedure is intended to exfoliate the skin.
Initial here: _____
2. I acknowledge that I may experience peeling or flaking of dead skin for up to 7 days post treatment.
Initial here: _____
3. I agree to follow post peel instructions. **Initial here:** _____
4. I acknowledge that I have been informed of the necessity of wearing a sunscreen of at least 30 SPF for 7 days post treatment. **Initial here:** _____
5. I understand that occasionally there are adverse side effects which may include temporary irritation, or redness. **Initial here:** _____
6. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. **Initial here** _____

I have read and initialed each paragraph and have been satisfactorily informed of the risks and benefits regarding my Image Peel. I consent to this Image Peel today and for all subsequent Image Peels through December 31 of this calendar year.

Client signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Parent/Legal Guardian signature (if client is a minor): _____ **Date:** _____