

INFORMED CONSENT - Perfect Derma Peel

The Perfect Derma Peel is a medium depth, medical grade chemical peel suitable for all skin types. The peel contains Trichloroacetic Acid (TCA), Retinoic Acid, Kojic Acid, Salicylic Acid, Phenol, Glutathione and Vitamin C.

Contraindications:

- Pregnant or breast feeding
- Allergic to any peel ingredient listed above or aspirin
- Used Accutane within the past 4 months
- Have open wounds, sunburn, infected skin, cold sores or lesions. Patients with a history of cold sores (herpes simplex) may be given an antiviral 3 days prior to peel
- Recent treatments such as waxing, electrolysis or chemical exfoliants
- Undergoing chemotherapy and/or radiation therapy
- History of an autoimmune disease or any condition that may weaken the immune system

Please read and initial

INITIALS

Prior to receiving treatment, I have disclosed any medications or health conditions that may contraindicate this treatment.	
I understand that there might be some discomfort such as stinging, redness, burning, itchiness or tightness during and a week after the treatment. I understand that it is important not to pull, pick at or remove peeling skin forcibly.	
I understand that there is no specific guarantee as to the final results of the peel and that I may require more than one treatment for optimal results.	
I understand that while complications are extremely rare, they may occur. In the event of a reaction or complication, I agree to immediately contact the office for follow up care.	
Occasionally hyper-pigmentation or hypo-pigmentation may develop which can persist for weeks or months after treatment.	
I understand that post peel care includes use of the Post Peel Towelettes and a SPF 30 or higher and strict avoidance of sun exposure during the exfoliation process.	
I understand that extended sun exposure, including use of tanning beds, is prohibited both before and after The Perfect Derma Peel treatment. Avoid sweating excessively or use of steam/sauna for 3 days post peel.	

I acknowledge the following:

Photographs may be taken before, during and after the Perfect Derma Peel treatment and may be used for education, promotion or advertising. I give permission to photographs being taken both before and after the procedure to document the results and consent to MSB's use of these "before & after" photos of me for marketing purposes.

This consent form is valid for all future Perfect Derma Peel treatments. I will alert Malisse Skin Bar professional staff if there are any future changes to my medical history.

No other chemical peels or medical device treatments are to be performed on my skin until I have been released to do so.

I have been given the full opportunity to ask any and all questions which I might have, and that all of my questions have been answered to my full and total satisfaction.

I declare there are no warranties or guarantees of any kind, implied or specific about the final outcome and acknowledge that no guarantee or representation has been given by anyone as to the outcome.

I declare I have read this Informed Consent (or it has been read to me), I understand the information contained in it including the fee structure and acknowledge I will not receive any refunds or credits for any Perfect Derma Peel treatment(s) I receive.

I hereby release Malisse Skin Bar, its owners, members, officers, medical director, aesthetic nurse specialists, managers, employees, service providers, specialists, and affiliates from any and all claims, damages or legal actions arising from or connected in any way with my treatment/procedure to the fullest extent allowed by law.

I have no further questions and give my consent to proceed.

Patient Signature
(Person Authorized to Sign for Patient)

Date

Patient Name (Please Print)

Malisse Skin Bar