



Informed Consent

Chemical Exfoliation Treatment

Please read and initial after each statement.

_____ I have been given the Client Information Form and have read and completed the questions thoroughly.

_____ I am willing to forego a patch test but understand there could be an allergic reaction.

OR

_____ I have had a patch test and it is negative. In the event of any complications, I will immediately contact the Skincare Professional who performed the treatment.

_____ I have been advised that my treatment is a non-invasive, light exfoliation consisting singly, or a combination of Salicylic Acid, Lactic Acid, Glycolic Acid, Resorcinol, Trichloroacetic Acid, Retinoic Acid or Enzymes.

_____ I understand that the use of the above ingredients stimulates the skin to generate new cells. It does not replace a deep chemical peel, laser resurfacing or plastic surgery.

_____ I am aware and acknowledge there is a rare possibility of an allergic reaction. I have discussed with my Skincare Professional any such reactions and understand them.

_____ I acknowledge there may be some degree of discomfort during application. I will notice a warm sensation and the skin may tingle or sting and I may feel pin pricking, heat (burn) or tightness.

_____ I acknowledge there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, hormones, lifestyle, climate, etc. I understand I may or may not actually peel, and that each case is individual.

_____ I acknowledge that to achieve maximum results, I may need several treatments.

_____ I acknowledge that I will avoid direct sun exposure following this procedure and will apply sunscreen daily.

_____ My Skincare Professional has answered any questions I have regarding my post care. I acknowledge my obligations to closely follow the post treatment instructions and visit my Skincare Professional for a post treatment follow-up as specified.

I consent to the chemical exfoliation treatment discussed with my Skincare Professional and fully understand all risks associated.

CLIENT SIGNATURE

DATE

SKINCARE PROFESSIONAL SIGNATURE

DATE