



LIGHT AND INTERMEDIATE PROGRESSIVE SKIN PEEL

Evaluation and Consent Agreement

An intermediate progressive skin peel is a superficial exfoliation procedure. Chemical agents remove the outer layer of the skin to promote collagen reformation. It improves skin **Tone, Clarity** and **Texture**.

SKIN & HEALTH EVALUATION

- Rosacea Yes _____ No _____
- Open lesions or irritation of skin Yes _____ No _____
- Dermatitis Yes _____ No _____ Active? Yes ___ No ___
- Eczema Yes _____ No _____ Active? Yes ___ No ___
- Psoriasis Yes _____ No _____ Active? Yes ___ No ___
- History of Cold Sores or Herpes Simplex I Yes _____ No _____ Active? Yes ___ No ___

All other conditions are covered and noted in the Guest Derma Analysis Questionnaire.

Please initial that you have read and understand the following:

1. Contact lenses cannot be worn during treatment. Please remove prior to appointment. _____
2. I am not pregnant or lactating. If pregnant or lactating, chemical peels cannot be performed. _____
3. Open lesions, active cold sores, acute facial dermatitis or skin irritation must be resolved prior to skin peel treatments. _____
4. If you are prone to cold sores, you will need to contact your physician for antiviral medication to avoid a post treatment breakout. It is recommended you begin prophylaxis two days prior to skin peel treatments and continue for 5 days post treatment. _____
5. I acknowledge that I have not been on Retin-A or Tretinoin for 30 days prior to treatment. _____
6. I acknowledge that I have not been on Accutane within the past year. _____
7. If you have had laser skin resurfacing within one year, skin peels cannot be performed. _____
8. If you have had a phenol or any other deep peel within two years, skin peels cannot be performed. _____
9. I am not allergic to aspirin or salicylates and I understand that if I am allergic to aspirin or salicylates, no skin peel containing salicylic acid can be performed. _____
10. I am not prone to severe or keloid scarring. _____
11. I do not have difficulty healing. _____
12. I understand that there are potential risks and complications that include, but are not limited to: discomfort, changes in pigmentation, stinging or burning, itching, peeling, scabbing, scarring, increase in skin sensitivity, acne flare, mild skin inflammation, temporary skin dehydration and redness. _____
13. I've undergone a patch test that was negative, to assess allergic response 48 hours prior to first treatment. I acknowledge that there is a rare possibility of an allergic reaction. _____

