



PROGRESSIVE SKIN PEEL – MODERATE & INTENSE Evaluation and Consent Agreement

A moderate or intense 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 skin 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 treatment 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 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. _____
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14. I have completed the Guest Derma Analysis Questionnaire and have provided accurate and complete information. _____

15. I understand that multiple treatments may be required and that skin peels are not an exact science and no specific guarantees can or have been made concerning expected results. _____

16. The technician has discussed with me the pre and post treatment instructions. I understand and have received a copy of the Progressive Skin Peel Pre and Post Peel Instructions. I acknowledge my obligations to closely follow the after care instructions. _____

CONSENT AND RELEASE AGREEMENT

I induce _____ (*technician's name*) to perform a moderate or intense progressive skin peel treatment on my face and/or body, and in consideration of so doing, I hereby and forever discharge Simonson's Salon and Day Spas, their employees and affiliated companies of and from all manner of actions, causes and demands in law or in equity which I or my heirs, executors or administrators have or might have now or hereafter by reason of their complying with my request to have a progressive skin peel treatment procedure. I am of legal age; if not, a parent must sign agreement.

Guest Signature _____ Technician Signature _____ Date _____

I certify that I have reviewed the foregoing information prior to additional treatments. My information is true, accurate and remains unchanged.

Guest Signature _____ Technician Signature _____ Date _____

