

## CONSENT FOR ESTHETIC SERVICES

NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_

I have complied with all pre-peel rules. I have not been exposed to excessive sun and my skin does not feel sensitive or irritated in any way. I have informed my esthetician of all health problems and any oral or topical medications I may be using including Retin-A, Renova, or any vitamin A product.

All Accutane users must have discontinued the drug for six full weeks prior to this peel.

I understand I will probably not experience much visible peeling, flaking, discoloration or irritation following this procedure if I follow my homecare and post-peel instructions carefully. I have been given these instructions and will follow them. I understand that my failure to do so may jeopardize my chances for a successful procedure. X \_\_\_\_\_

I fully understand that higher percentages are not necessarily more beneficial and that results and benefits of a series of these procedures are gradual and safe, not immediate and risky. I agree to allow the clinic to use professional judgement in choosing the appropriate percentage, time and pH.

PROCEDURE(S): \_\_\_\_\_

NO. OF VISITS REQUIRED: \_\_\_\_\_ COST OF PROCEDURE(S): \_\_\_\_\_

I have been informed of the nature, risks, and possible complications and consequences of these skin procedures. I fully understand this is a process and therefore not an exact science. I accept the possible consequences of the said procedure(s). X \_\_\_\_\_

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes. X \_\_\_\_\_

I accept full responsibility for the decision to have this esthetic work performed on me.

CLIENT: \_\_\_\_\_ DATE \_\_\_\_\_

TECHNICIAN \_\_\_\_\_ DATE \_\_\_\_\_