



SKIN FORMULAS

Chemical Peel

Consent Form

I understand that in relation to chemical peels:

A chemical peel procedure is a process by which certain chemicals are applied to the skin of the face in an attempt to improve the appearance of lines, wrinkles, blemishes and certain other localised cosmetic skin conditions.

A chemical solution is used to peel away the skin's damaged outer layers. The new cells and collagen are stimulated during the healing process to produce a smoother, tighter, younger looking skin surface. A peel does not eliminate sagging or excess skin. Each treatment is customized for client skin types, specific problem areas and the delicate areas of the face. The depth of the peel is dependent on the concentration and type of acid, the duration of contact, the person's skin type and their sensitivity.

- I have been advised that the object of the procedure I have requested is improvement in appearance. It is possible for imperfections to persist, and that the result might not live up to my expectations or goals.
- I agree to co-operate with the recommendation of [THE CLINIC / BEAUTY SALON] while I am under their care, realising that any lack of co-operation could result in less than optimum results.
- I also agree to inform the clinic immediately if any adverse effects occur.

I understand the following risks associated with Chemical Skin Peel:

- A degree of discomfort i.e. - stinging, hotness and very rarely swelling may be experienced but are normally minimal and short-lived.
- Redness is usually superficial, mild and short in duration.
- Scarring is very unusual but could occur.
- Moles, blood vessels, freckles and sun spots may appear more obvious after the treatment due to the removal of dead skin cells
- Pigmentation may occur after the treatment, the use of a full UVA and full UVB protector is advised to reduce these risks.
- Allergic reactions have been reported although unlikely, they may occur.

In relation to my initial and all subsequent treatments, I advise that:

- I have not used Glycolic for 24 hours.
- I have not used Retinol products for 72 hours.
- I have not taken Roaccutane in the past 12 months.
- I agree to not pick, peel or scratch the skin during the healing phase.
- I agree that I do not currently use hydrocortisone.
- I do not have active cold sores.
- I agree to avoid direct sun exposure for two weeks and use an SPF.
- I agree not to wax for 7 days pre and post treatment.
- I agree to notify to my therapist of any concerns.

If I prepay for treatments I will save an amount according to the pre-payment schedule. I am aware that there is no refund on prepays and they are not transferable to any other individuals. I am further aware that 48 hours notice needs to be given for any appointment cancellations. If I cancel within 48 hours, or do not attend an appointment, a cancellation fee of 50% of the treatment cost will apply. In the case of prepaid treatments, the treatment will be forfeited. I have read all the material provided and I have had all my questions satisfactorily answered. I have not been advised of any matter verbally that is not included in this Consent Form and its attachments.

I hereby give my consent and authorisation voluntarily and release [THE CLINIC / BEAUTY SALON] from any claims, implied or stated that I have or may have in the future with this treatment, regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and I fully understand.

Do not sign this form until you have read and understood the entire contents of this page and all your questions have been satisfactorily answered.

Signature: _____

Date: _____