

MEDICAL PEEL INFORMED CONSENT

This is an informed consent document which has been prepared to help your Medical Aesthetician inform you concerning Medical Peel Treatment, its risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please sign the consent for this procedure as proposed by your Medical Aesthetician and agreed upon by you, indicating that you have read the informed consent.

I, _____ authorize Medical Aesthetician _____ to perform the following procedure: **Medical Peel**.

___ Sensi Peel

___ Signature Peel

___ Radiance Peel

CLIENTS WHO SHOULD NOT BE TREATED

- Clients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, dermatitis or inflammatory rosacea in the area to be treated. Inform the esthetician if you have any history of herpes simplex.
- Clients with a history of allergies (especially allergies to salicylates like aspirin), rashes, or other skin reactions, or those who may be sensitive to any of the components in this treatment.
- Clients who have taken Accutane within the past year.
- Clients who are pregnant or breastfeeding (lactating).
- Clients who have received chemotherapy or radiation therapy.
- Clients with vitiligo.
- Clients with a history of an autoimmune disease (such as rheumatoid arthritis, psoriasis, lupus, multiple sclerosis, etc.) or any condition that may weaken their immune system.

ONE WEEK BEFORE YOUR BODY+BEAUTY LAB PEEL AVOID THESE PRODUCTS AND/OR PROCEDURES

- Electrolysis
- Waxing
- Depilatory Creams
- Laser Hair Removal

TWO TO THREE DAYS BEFORE YOUR BODY+BEAUTY LAB PEEL AVOID THESE PRODUCTS AND/OR PROCEDURES

- Retin-A®, Renova®, Differin®, Tazorac®
- Any products containing retinol, alpha -hydroxy acid (AHA) or beta-hydroxy acid (BHA), or benzoyl peroxide
- Any exfoliating products that may be drying or irritating

Note: The use of these products/treatments prior to your peel may increase skin sensitivity and cause a stronger reaction.

ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR PEEL

It is common and expected that your skin will be red, possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by clients after having a Body+Beauty Lab Peel: skin breakout or acne, rash, swelling, and burning.

Although most people experience peeling of their facial skin, not every patient notices that their skin peels after all peel procedures. Lack of peeling is NOT an indication that the peel was unsuccessful. If you do not notice actual peeling, please know that you are still receiving all the benefits of the Peel, such as stimulation of collagen production, improvement of skin tone and texture, and diminishment of fine lines and pigmentation.

There are a number of reasons why a patient may not have peeling or may experience minimum peeling. The reasons may include:

- Having peels regularly with a short interval between peels
- Frequent use of Retin-A, AHA, or other peeling agents prior to the Peel treatment
- Severe sun damage

Proper skin evaluation by your skin care professional prior to your peel is important and will help predict the outcome of your peel.

Please read and initial the following:

I do not have any of the conditions described in the “Clients Who Should Not Be Treated” section _____

I understand that the actual degree of improvement cannot be predicted or guaranteed _____

I understand that I may need several of these peels to achieve optimal results _____

By my signature below, I acknowledge that I have read this Consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with this Body+Beauty Lab Peel.

CONSENT

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees should they be required. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the Medical Peel and will also be your responsibility.

I agree to follow up with Body+Beauty Lab at the recommended intervals to monitor the effectiveness of the treatment, and to contact Body+Beauty Lab to advise of any change in my condition or any problem I may experience.

In signing this consent for this procedure, you acknowledge that you have read the informed consent and have been informed about its risks and consequences and accept responsibility for the clinical decisions that have been made, along with the financial costs of all treatments and future treatments. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the Medical Director, Medical Aesthetician and Body+Beauty Lab from liability associated with this procedure. I give my informed consent for a Medical Peel Treatment today as well as future treatments as needed.

Client Signature _____ Date _____

Medical Aesthetician Signature _____ Date _____