

pelle — spa

Informed Consent for MicroPeels

Full Name _____ Age _____ Date _____

MicroPeels reduce the appearance of fine lines, wrinkles, and skin imperfections. The SkinCeuticals Pigment Balancing Masque, Micropeel, or Micropeel Plus, hereinafter known as "Clinical Procedure(s)" is not a cure-all epidermal treatment. However, for certain skin conditions, these Clinical Procedure(s) can provide marked improvement in the appearance of one's skin. Therefore, it is very important that you have a thorough understanding of what a Clinical Procedure can and cannot do for your particular skin condition. In addition, it is imperative that you acknowledge the potential risks associated with the administration of Clinical Procedure(s). The foregoing list is not intended to be a complete or exhaustive list of all possible problems or complications, which may arise as a result of the Clinical Procedure(s). Should one or more of the foregoing complications arise, please notify Pelle Spa or your primary care provider immediately.

- Discomfort is generally minimal and subsides after a short duration.
- Swelling is unusual. If it occurs, it is minimal. Swelling subsides in a few hours to days.
- Redness may persist anywhere from a few minutes to several days.
- Demarcation is a difference in color, texture, or pigmentation that may occur at the junction between the treated and non-treated skin areas. This is unusual with epidermal procedures.
- Existing Blemishes or moles, blood vessels, freckles and sun spots may become more obvious and darker since layers of dead skin have been removed.
- Eye Injury caused by chemicals getting into the eye, scarring and vision disturbances may occur. Protective safety goggles are recommended to be worn while chemicals are being used during all Clinical Procedures.
- Scarring is very unusual, but may occur.
- Pigmentation is rare and usually temporary. Possible permanent changes in the color of the skin could occur.
- Milia may occur, but will usually disappear quickly.
- Infection is extremely unlikely, but may happen. An outbreak of herpes may occur in affected individuals (if you are prone to cold sores, ask your Health Care Professional for medication).
- Hair Growth: if the dermaplaning phase of the Micropeel is administered, hair is expected to grow back blunt ended. New hair will not appear darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern and cause a darker and denser restoration process.

My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.

- I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.
- I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for marketing and/or literature.
- I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.
- I have been given and have read and understand the pre- and post-care instructions
- I am aware that it is my responsibility to inform Pelle Spa providers of my current medical conditions. I agree to abide by the above policy statements. I understand that, as with any cosmetic procedure, individual results may vary and that NO refunds will be given. I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if i choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

Signature

_____ Date _____

Signature of Parent/Guardian (if patient is under 18)

_____ Date _____

Provider Name and Signature

_____ Date _____

*This consent is good for one year.