

pelle — spa

Informed Consent for Advanced Corrective Chemical Peel

Full Name _____ Age _____ Date _____

SkinCeuticals Advanced Corrective Peel is a revolutionary peel that renews skin's texture and dramatically improves discoloration for an overall brighter, more clarified, even skin tone and texture. Several administrations of this procedure may be needed in order to achieve my best results. It is extremely important to follow all homecare instructions when striving for optimal results. 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 Advanced Corrective Peel procedure. You may experience one or all of the following.

- Discomfort is generally minimal and subsides after a short duration.
- Swelling is unusual. If it occurs, it is minimal, and will subside within a few days.
- Burning, redness, and itching 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.
- Eye Injury caused by the chemicals getting into the eye, scarring and vision disturbances may occur. Protective safety goggles will be provided.
- Scarring is very unusual, but may occur.
- Pigmentation is rare and usually temporary. Possible permanent changes in the color of the skin could occur.
- Infection is extremely unlikely, but may happen. An outbreak of herpes may occur in affected individuals.
- Skin Peeling and Dryness is expected to occur for 3-10 days after procedure.

____ I acknowledge that I should avoid use of glycolic products, aggressive exfoliating (including waxing) 1 week prior to and for 2 weeks following the treatment.

____ I acknowledge that I should avoid use of Retin-A type products for a period of time recommended by my Pelle Spa professional during and following the treatment.

____ I acknowledge that I am not pregnant or breast feeding.

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.