CHEMICAL EXFOLIATION TREATMENT INFORMED CONSENT

PLEASE READ AND INITIAL AFTER EACH STATEMENT

_____ I HAVE BEEN GIVEN THE CLIENT SKINCARE QUESTIONNARE FORM AND HAVE READ AND COMPLETED THE QUESTIONS THOROUGHLY.

I AM WILLING TO FOREGO A PATCH TEST BUT UNDERSTAND THERE COULD BE AN ALLERGIC REACTION.

<u>OR</u>

_____ I HAVE HAD A PATCH TEST AND IT IS NEGATIVE. IN THE EVENT OF ANY COMPLICATIONS I WILL IMMEDIATELY CONTACT THE SKINCARE PROFESSIONAL WHO PERFORMED THE TREATMENT

_____ I HAVE BEEN ADVISED THAT MY TREATMENT IS A NON-INVASIVE, LIGHT EXFOLIATIONCONSISTING SINGLY, OR A COMBINATION OF SALICYLIC ACID, LACTIC ACID, GLYCOLIC ACID, RESORCINOL, TRICHLOROACETIC ACID, RETINOIC ACID OR ENZYMES.

_____ I UNDERSTAND THAT THE USE OF THE ABOVE INGREDIENTS STIMULATES THE SKIN TO GENERATE NEW CELLS. IT DOES NOT REPLACE A DEEP CHEMICAL PEEL, LASER RESURFACING OR PLASTIC SURGERY.

_____ I AM AWARE AND ACKNOWLEDGE THERE IS A RARE POSSIBILITY OF AN ALLERGIC REACTION. I HAVE DISCUSSED WITH MY SKINCARE PROFESSIONAL ANY SUCH REACTIONS AND UNDERSTAND THEM.

_____ I ACKNOWLEDGE THERE MAY BE SOME DEGREE OF DISCOMFORT DURING THE APPLICATION. I WILL NOTICE A WARM SENSATION AND THE SKIN MAY TINGLE OR STING AND I MAY FEEL PIN PRICKING, HEAT(BURN) OR TIGHTNESS.

_____ I ACKNOWLEDGE THERE ARE NO GUARANTEES AS TO THE RESULTS OF THIS TREATMENT, DUE TO MANY VARIABLES, SUCH AS: AGE, CONDITION OF SKIN, SUN DAMAGE, SMOKING, HORMONES, LIFESTYLE , CLIMATE, ETC. I UNDERSTAND I MAYOR MAY NOT ACTUALLY PEEL, AND THAT EACH CASE IS INDIVIDUAL.

_____ I ACKNOWLEDGE THAT TO ACHIEVE MAXIMUM RESULTS, I MAY NEED SEVERAL TREATMENTS.

_____ I ACKNOWLEDGE THAT I WILL AVOID DIRECT SUN EXPOSURE FOLLOWING THIS PROCEDURE AND WILL APPLY SUNSCREEN DAILY.

_____ MY SKINCARE PROFESSIONAL HAS ANSWERED ANY QUESTIONS I HAVE REGARDING MY POST CARE. I ACKNOWLEDGE MY OBLIGATIONS TO CLOSELY FOLLOW THE POST TREATMENT INSTRUCTIONS AND VISIT MY SKINCARE PROFESSIONAL FOR A POST TREATMENT FOLLOW-UP AS SPECIFIED.

<u>I CONSENT TO THE CHEMICAL EXFOLIATION TREATMENT DISCUSSED WITH MY SKINCARE PROFESSIONAL AND FULLY UNDERSTAND ALL RISKS ASSOCIATED.</u>

CLIENT SIGNATURE: DATE: