

CONSENT to REVEPEEL® & ENLIGHTEN Rx Mask

A: DO NOT USE THIS PEEL IF YOU:

- Are pregnant or breastfeeding
- Are allergic to salicylates (i.e. aspirin) or any ingredients in this peel
- Have open wounds, sunburn, infected, irritated or extremely sensitive skin
- Have active cold sores, warts, or herpes simplex
- Have used Accutane within 180 days
- Had a peel within the past 30 days
- Have used products contain Retinoic acids, AHA & BHA in the last 7 days. Doing so may cause strong reaction
- The skin has not recovered from a recent cosmetic procedure or treatment like waxing, BOTOX, cosmetic filler, Microdermabrasion, Laser, IPL, Photo Facial, etc.
- Have recent history of chemotherapy or radiation therapy
- Have dermatitis and inflammatory rosacea

B: Potential adverse experiences may occur after REVEPEEL® & ENLIGHTEN Rx Mask. It is common and expected that your skin will be possibly red, itchy, dry, irritated, and discolored for several days. Although rare, some patients may experience acne, crusting, tightness, dryness, rash, swelling or burning sensation, or minimal peeling and dark spots (hyperpigmentation). **Call the office immediately if you have any serious unexpected problem after the procedure.**

C: Please Read and initial the following

1. ___ I do not have any conditions listed under section A above.
2. ___ I understand that it is critical to follow REVEPEEL® post care instructions strictly and wash off the peeling solution on time per the instructions given by medical professionals to avoid any potential complications like post inflammatory hyperpigmentation.
3. ___ I understand that the actual degree of skin improvement cannot be guaranteed. The peeling result varies and depends on each patient's skin condition. Several peels may be required to achieve the optimal results.
4. ___ I understand that proper skin maintenance is necessary to maintain the peeling results.
5. ___ I understand that this peel contains strong acids including TCA, Phenol, Salicylic Acid and Lactic Acid. I waive any rights, present or future, to request the information of exact composition or concentration.
6. ___ I acknowledge that no guarantee has been made or implied as to the results of the peel procedure.

By my signature below, I acknowledge that I have read this consent form and understand it. I had opportunities to ask questions and these questions have been answered to my satisfaction. I have been informed of the benefits and risks of this chemical peel and I am willing to proceed with the REVEPEEL®. I hereby authorize Dr. _____ and/or such associates or assistants as may be selected by said physician to perform the REVEPEEL®.

Patient Printed Name

Signature

Date

Witness Printed Name

Signature

Date

For Office Staffs: Please make a copy of the completed and signed consent form. Place the original in the patient's file and give one copy to the patient to take home.