



SKINMEDICA® PEELS CONSENT

Illuminize Peel® Vitalize Peel® Rejuvenize Peel™

PURPOSE:

The SkinMedica® Peels range from very superficial to superficial, designed to improve the texture and appearance of your skin.

PATIENTS WHO SHOULD NOT BE TREATED:

- Patients 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 technician if you have any history of herpes simplex.
- Patients with a history of allergies (especially allergies to salicylates like aspirin), rashes, or other skin reaction, or those who may be sensitive to any of the components in this treatment.
- Patients who have taken Accutane® within the past year.
- Patients who are pregnant or breastfeeding (lactating).
- Patients who have received chemotherapy or radiation therapy (Medical Clearance is required).
- Patients with vitiligo.
- Patients 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.
- Current skin cancer within one year or pre-malignant moles in the treatment area (Medical Clearance is required).
- Active condition in the treatment area such as sores, psoriasis, eczema or rash.

SKINMEDICA® PEEL TREATMENT NOTES:

- Patients must wait 4 weeks after Laser therapy.
- Patients must wait 4 weeks after cosmetic filler treatments.
- Patients must wait 2 weeks after Microdermabrasion treatments.
- Patients must wait 4 weeks after eMatrix™ treatments.

TWO WEEKS BEFORE your SkinMedica® Peel avoid these products and/or procedures:

- Electrolysis • Waxing • Depilatory Creams
- Patients who have Botox® injections should wait until the full effect of their treatment is seen before receiving a SkinMedica® Peel.

ONE WEEK BEFORE your SkinMedica® Peel avoid these products and/or procedures:

- Laser Hair Removal • Microdermabrasion
- eMatrix™ • Glycolic Peels
- Skin Tightening • Injectable Treatments
- FotoFacial®

THREE DAYS BEFORE your SkinMedica® 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 SkinMedica® 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 patients after having a SkinMedica® Peel: skin breakout or acne, rash, swelling, and burning.

FOR VITALIZE PEEL®/REJUVENIZE™ PEEL ONLY:

Although most people experience peeling of their facial skin, not every patient notices that their skin peels after a Vitalize® Peel procedure. 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 Vitalize® 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 Vitalize® 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.

CONSENT - PLEASE READ AND INITIAL THE FOLLOWING:

_____ I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section.

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

_____ I understand that for optimum results the post-peel instructions must be followed utilizing skin care products recommended by your physician or a technician.

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 SkinMedica® Peel.

Client/Guardian Signature _____ Date _____

Staff Signature _____ Date _____

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