## **Facials**

Oxygenating Trio or Detox Gel deep pore treatment is appropriate.)
• Do you wear contact lenses? YesNo(Remove contacts if eyes are sensitive or if having microdermabrasion.)
Do you have permanent makeup? YesNo(If so, to what areas of the face?)
<ul> <li>Do you currently use or receive dipilatories or waxing? YesNo(Discontinue use five days pre- and post-treatment.)</li> </ul>
<ul><li>Do you currently have a sunburn/windburn/red face?</li><li>YesNoWhy?</li></ul>
<ul> <li>Are you in the habit of going to tanning booths? YesNo(If within past 14 days, decline treatment; we recommend this practice is discontinued altogether.)</li> </ul>
• Are you applying any topical medications at this time? YesNo Which one(s)?
(High percentages of certain ingredients may increase sensitivity)
• Are you currently using any topical Retinoid prescriptions (trentinoin/Retin- A® Renova®/Differin®/Tazorac®/Avage®/EpiDuo™/Ziana®)? YesNoWhat strength?For how long?(Discontinue use five days before and after treatment. Consult your physician before discontinuing use of any prescription.)
• Are you currently using Accutane®? YesNoFor how long?(It is OK to apply ONE layer of Ultra Peel® I, Sensi Peel®, Ultra Peel® II, Esthetique Peel or Oxy Trio to skin that has been treated with Accutane®.)
Those who are currently taking Accutane® should be directed to their dispensing physician.
<ul> <li>Have you had a chemical peel or any type of procedure with a medical device? YesNo Within the last 14 days? YesNo What type?</li> </ul>
• Do you have regular collagen, Botox® or other dermal filler injections? YesNo(Peels should precede or follow injections by two days to prevent movement of the filler or stinging at the injection site.)
Have you recently had facial surgery? YesNoDescribe:How long ago?
Have you recently had laser resurfacing? YesNoWhen? What type?

What type of work do you do? often?	Regular airline travel? YesNoHow
Do you participate in vigorous aerobic activity or specifications	ports? YesNoWhat type?
• Do you smoke or use tobacco? YesNo	
• Do you develop cold sores/fever blisters? YesN	o Last breakout?
<ul> <li>Are you allergic/sensitive to? (Check all that apply)</li> <li>vera aspirin perfumes latex hydroqui</li> <li>what?</li> </ul>	
• Are you sensitive to alcohol-based products? Yes_	No
• Have you ever used any other products that cause	d a bad reaction? YesNoDescribe
Are you taking any medication at this time? (antibi	otics may increase sensitivity)
What is your hereditary background?	
Natural eye color: Blue Green Hazel Gray Natural hair color: Blond Red Lt. Brown M Gray/Silver White	
Skin tone: Pale/White Light Medium Rec Olive Dark Olive Lt. Brown Med. Brown	
• Do you consider your skin: Sensitive Resilient_	Unsure
Describe your skin (check all that apply): Normal Saggy Firm Oily Acne Comedones/B Acne-scarred Large pores Small pores Fl damaged Melasma Hyperpigmentation Uneven/blotchy Mature Wrinkled Patch Dehydrated/lacking moisture Asphyxiated Te	lackheads Milia Cysts Breakouts orid Rosacea Eczema Freckled Sun- Perfume-stained Hypopigmentation y dryness Sallow Psoriasis
Patient Signature:	Date:
Clinician Signature:	Date:

## consent form

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy (if so, consult your physician prior to treatment), recent facial surgery, allergies, tendency to cold sores/fever blisters, or use of topical and/or oral prescription medications such as: trentinoin, Retin-A®, Accutane®, Differin®, Tazorac®, Avage®, EpiDuo™, or Ziana®.

I understand there may be some degree of discomfort such as stinging, pin-prickling sensation, heat or tightness.

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc.

I understand I may or may not actually peel and that each case is individual. I understand that the amount of peeling does not correlate with degree of improvement.

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that to achieve maximum results, I may need several treatments.

I understand that although complications are very rare, sometimes they may occur and that prompt treatment is necessary. In the event of any complications, I will immediately contact the physician/clinician who performed the treatment.

I agree to refrain from tanning in tanning beds or outdoors while I am undergoing treatment and during the 14 days, prior to and following the end of treatment (we recommend that this practice be discontinued altogether).

I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of sunscreen protection with a minimum of SPF 15 is

I have not had any other chemical peel of any kind within 14 days of this treatment. I understand I cannot have another chemical peel within 14 days of this treatment, whether it is performed at this location or any other location.

I understand that I should follow my clinician's recommendations for post-procedure skin care to minimize side effects and maximize results.

I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-peel care instructions as I am directed.

Signature:	Date:
Initials:	
Signature of Clinician:	
Signature of Witness:	

## Continued Treatment

_
-