

# CONSENT FORM

## GLYCOLIC, AHA, BHA, Enzyme, Microdermabrasion, Ultrasound & other Epidermal Peeling Procedures

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Prior to receiving this treatment, I have been candid in revealing any condition that may have a bearing on this procedure (e.i., Pregnancy, recent Facial Surgery, Botox, Filler Injections (Collagen and others), Micro-pigmentation, Micro-Dermabrasion, Allergies, tendency to cold sores/Fever Blisters (Herpes Simplex) , use of Retin-A, Renova, Differin , Accutane, any topical Alpha Hydroxy (AHA) or Beta Hydroxy (BHA-Salicylic) Acids, any Oral Contraceptives/Hormone Replacement Therapy (HRT), or anti coagulants, (blood thinners).

I understand that there may be some degree of minor discomfort (e.i. stinging, pinpricking sensation, hotness, tightness, burning or itching) and that frosting, scabbing, swelling, and crusting are all common during healing.

I understand that this is an esthetic procedure and that to achieve maximum results, I may need several ongoing treatments over a period of time and that results are expected at no less than four procedures.

I understand that at any time, I may be referred out to a dermatologist for a deeper peeling treatment and a skin diagnosis.

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

I understand that I cannot get another treatment within 10-14 days of this procedure unless specified by my esthetician, whether the treatments is performed at this location or any other facility.

I understand that I cannot undergo any hair removal/Epilation services, and I must avoid any exfoliants or acid-based products for at least 48 hours following this procedure. This includes the use of shaving or chemical depilatories for at least two weeks.

I clearly understand and have been informed that any sun exposure following this treatment can result in Hypo/Hyper pigmentation of my skin and the use of sunscreen is mandatory.

I hereby agree to all of the above and to have this treatment performed on me and to follow all prescribed directions regarding post peel care.

### Contraindications for **galvanic desincrustation**:

- ❖ Skin infection or irritation
- ❖ Vascular and/or hypertensive skin
- ❖ Sinusitis
- ❖ Epilepsy
- ❖ Asthmatics
- ❖ Very nervous clients
- ❖ Pace makers
- ❖ Excessive fillings
- ❖ Metal pins or plates in face
- ❖ Pregnancy

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Esthetician Signature \_\_\_\_\_ Date \_\_\_\_\_