PEEL 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: tetinoin, Retin-A, isotretinoin, 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, and at home skin care.

I understand I may or may not actually peel , and that each case is individual. I understand 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 Skin Serenity Spa .

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 30 is mandatory unless otherwise specified by my technician.

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

I understand that I should follow my technician'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 peel treatment care instructions as I am directed.

Client Signature _____ Print _____Date_____

Technician Signature _____Print_____Date_____