

# INFORMED CONSENT FOR PROPEEL®

**CLIENT'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**To the client:** You have the right to be informed about your skin condition and treatment, so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved.. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for the treatment program.

The ProPeel is a light chemical peel consisting of trichloroacetic acid, salicylic acid, and alpha hydroxyacids (fruit acids). This Peel stimulates new skin cells, new collagen and increases the blood flow to the skin. It does not replace deep chemical peels, dermabrasion, laser resurfacing and/or plastic surgery.

My interest in the Peel is primarily for skin rejuvenation, acne, or brown spots (please circle). My areas of concern are the face, neck, chest, or arms (please circle). I have read and completed the ProPeel Client History Form. I received the Client Instructions – One Week Before the ProPeel handout. I discussed any questions with my skin care professional and acknowledge my obligation to closely follow the instructions in the ProPeel Client History Form and the Client Instructions – One Week Before the ProPeel handout .

Initial \_\_\_\_\_

I acknowledge that during application of the peel the skin will tingle and sting. Immediately after the peel my face may appear red and the next day, the skin may darken in color, feel tighter and be more sensitive. During the second, third and fourth days, the skin will peel. I am not to pick or pull the dry peeling skin – as this may lead to infection, ulceration and pigment changes.

Initial \_\_\_\_\_

I acknowledge that my complexion may temporarily look worse, darken or flare up after the peel. I will come to see my skin care professional and understand that additional care may be necessary.

Initial \_\_\_\_\_

I am aware and acknowledge that there is a possibility of an allergic reaction. I have discussed this with my skin care professional and understand that additional care may be necessary.

Initial \_\_\_\_\_

The skin is more susceptible to sunburn after the peel. If I go in the sun or fail to use the sunscreen an uneven darkening may result. My face may temporarily develop uneven color, especially, if I have uneven color before the peel. I will need to use Bleaching Cream or Bleaching Lotion Forte to help blend in the color.

Initial \_\_\_\_\_

If I am prone to fever blister (herpes) around the mouth and facial area, a herpes flare up may occur after the peel. I will need an antiviral prescription from my medical doctor.

Initial \_\_\_\_\_

I am not pregnant and/or breast-feeding. I have not been on Acutane for acne therapy anytime during the past six months. I have no underlying medical conditions such as diabetes that I should relate to my skin care professional.

Initial \_\_\_\_\_

I have been advised of the risks and side effects of the ProPeel, which could include dizziness, nausea, blotchy pigmentation, allergic reaction or an infection.

Initial \_\_\_\_\_

I hereby agree to have the Peel performed and agree to follow all pre and post Peel instructions. I acknowledge that I have answered all questions truthfully and completely.

Initial \_\_\_\_\_

***This consent was read and completed in the presence of my skin care professional. The skin care professional answered any questions I had. The skin care professional reviewed my medical and skin history with me. If a question or concern develops, I will call my skin care professional immediately.***

\_\_\_\_\_  
*Skin Care Professional Date*  
*To be reread and signed again the day of the Propeel.*

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

\_\_\_\_\_  
*Skin Care Professional Date of Propeel*

\_\_\_\_\_  
*Client Signature Date of Propeel*

***File in the client's chart. Give copy to client.***