

STEP III

Preconditioning Schedule

Client's Name: _____ Age: _____ Today's Date: _____

Date of the ProPeel: _____ Fitzpatrick Type: _____ Skin condition: _____

I, _____, understand that preconditioning my skin is a key factor in the success of my peel. I agree to precondition my skin according to the below at-home regimen and professional treatment schedule.

At-Home Regimen:

AM:

Cleanser: _____ Toner: _____

Treatment: _____ Sunscreen: _____

Other: _____

Note: _____

PM:

Cleanser: _____ Toner: _____

Treatment: _____ Eye: _____

Other: _____

Note: _____

***All Fitzpatrick skin types 3 and higher must precondition with Bleaching Cream, Bleaching Lotion Forté or Skin Brightening Gel in their PM regimen.

Weekly Booster: _____

Professional Treatments:

Treatment: _____ Approximate Date: _____

Treatment: _____ Approximate Date: _____

Treatment: _____ Approximate Date: _____

Treatment: _____ Approximate Date: _____

Treatment: _____ Approximate Date: _____

Treatment: _____ Approximate Date: _____

Note: _____

Temporary Lifestyle Modifications:

Smoking impedes your skin's ability to heal.

If you smoke you must agree to cut your smoking in half between now and 2 weeks after the approximate date of your peel.

Sun exposure during the two weeks after the peel may result in hyperpigmentation.

If you are frequently exposed to the sun, you must agree to limit your exposure and protect your skin with sunscreen, sunhat and sun clothing between now and 2 weeks after approximate date of your peel.

Skin Care Professional Signature Date

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

Client Signature

Date