

INFORMED CONSENT FOR EXFOLIATION TREATMENT(S)

I _____ authorize Jennifer Corley to perform the marked exfoliation treatment(s):

- Glycolic Acid Resurfacer
- Lactic Acid Resurfacer
- Salicylic Acid Resurfacer
- Vitamin C Infusion
- Multivitamin Power Exfoliant
- TCA Resurfacer
- Pumpkin Peel

- _____ 1. I acknowledge that no guarantee has been made about the above results of the procedure. Although it is impossible to list every potential risk and complication, I have been informed of the possible risks and complications, which may include, but are not limited to, the following:
- Stinging, itching, irritation
 - Redness and swelling of the skin
 - Tightness, peeling or scabbing of treated skin and the surrounding areas
 - Prolonged skin sensitivity to wind and such environmental elements
- _____ 2. Any potential risks and complications could result in the need to discontinue treatment. In this case, and alternative recommendation(s) will be suggested. It is very rare that a permanent disability occurs. If the need arises, I authorize my esthetician to perform such required treatment or procedure referral to a dermatologist. I also agree to immediately inform the esthetician if I have concerns, or am overly uncomfortable during the treatment.
- _____ 3. I agree to inform my esthetician when I introduce new medication(s) and/or products during the course of treatment. I attest that I have had an opportunity to ask questions and have had questions answered to my satisfaction.
- _____ 4. I certify that I am over the age of eighteen (18) and that:
- I am not pregnant or breast feeding
 - I do not have a history of radiation to the treated area
 - I do not have active herpes simplex or active infection
 - I do not have a history of hypertrophic scar formation
 - I have not waxed in the past month or shaved the treated area for 24 hours
 - I have not used Isotretinoin (accutain) Retin-A or similar medications for 2 months
 - I have not used benzoyl peroxide for one week
 - I will protect my skin from the direct sun for 3 days post procedure & use a broad spectrum sunscreen daily
 - I will avoid hot baths/showers, sweating and strenuous exercise for one week and post procedure
 - I will avoid rubbing, picking and scrubbing my skin post procedure, for I understand it could lead to scarring
 - I WILL NOT use retinoids or other exfoliating agents until my skin is healed

I have read and will follow to the best of my ability any and all instructions. I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Client Signature _____ Date _____

Esthetician _____ Date _____

_____ I have read the drugs & photosensitivity contraindications

If you miss, cancel or change your appointment with less than 24 hours notice, you will be charged \$50 for the first appt, \$75 thereafter _____ (initial)