

INFORMED CONSENT FOR IMAGE TREATMENTS

Patient/Client Information

Patient Name	<input type="text"/>	Date	<input type="text"/>
Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	State ZIP
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>
Work Phone	<input type="text"/>	Email	<input type="text"/>

Treatment (Please initial by each statement)

_____ The treatment was explained to me in detail.

_____ The benefits of what I can realistically expect to see from my Clinical Peel have been fully explained to me.

Treatment (Please select one)

- | | |
|--|--|
| <input type="checkbox"/> Ormedic Lift | <input type="checkbox"/> Acne Lift |
| <input type="checkbox"/> Signature Lift | <input type="checkbox"/> Beta Lift |
| <input type="checkbox"/> Lightening Lift | <input type="checkbox"/> Perfection Lift |
| <input type="checkbox"/> Wrinkle Lift | <input type="checkbox"/> TCA Orange Peel |

Skin Condition (Please select all that apply)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Superficial Wrinkles, Fine Lines | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Deep Wrinkles, Fine Lines | <input type="checkbox"/> Dehydration |
| <input type="checkbox"/> Acne or Acne Prone | <input type="checkbox"/> Acne Scars |
| <input type="checkbox"/> Severe Photoaging | <input type="checkbox"/> Unbalanced |
| <input type="checkbox"/> Deep Hyperpigmentation (sun or brown spots) | |

Precautions (Please read carefully)

The Treatment you will receive is a clinical treatment designed to exfoliate or remove the outer layers of the skin.

Your participation in your skin care treatments will determine the outcome. It is important that you strictly adhere to your home care products that your esthetician has recommended.

No guarantee is expressed or implied as to the precise results, peeling times or discomfort.

During the treatment, you may experience some temporary stinging or warm flushing. This will fade within a few minutes. During the next few hours, you may experience some tightening of the skin, which may last for several days.

For most patients, flaking begins within 48 hours. It is impossible to pre-determine how much peeling will occur. The shedding process usually subsides within 5-7 days.

Depending on the clinical peel performed and your skin quality, the following reactions may occur in some patients:

1. Prolonged redness, irritation & flakiness
2. Dryness and sensitivity
3. Severe allergic reactions in rare instances

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Please Initial (Please initial by each statement)

I am not pregnant.**

I am not allergic to aspirin.

I have not used Glycolic for 24 hours.

I have not taken Accutane in the past year.

I agree not to pick, peel, or scratch the skin during healing phase.

I agree there may be crusting and shedding of skin.

A prior patch test has been given to me to rule out any allergic tendencies.

I agree that I currently do not use hydrocortisone.

I do not have active cold sores.

I have not received radiation treatments.

I agree it is mandatory to use Image Post Peel Kit.

I agree to avoid direct sun exposure for two weeks.

I agree to notify Dr./Aesthetician of any concerns.

I agree to apply image prevention + daily.

I agree not to wax for seven days pre/post treatments.

I am under the supervision of a physician and have discussed the treatment plan with my physician.

Patient
Signature: _____

Witness
Signature: _____

Patient
Name: _____

Witness
Name: _____

Date: _____

Date: _____