

Clinic 5 Laser

460 6th Street
Courtenay, BC V9N1M3

Facial or Chemical Peel Consent

To the Client: You have a right to be informed about your condition and its treatment, so that you may decide whether 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 make you better informed so you may give, or withhold your consent for treatment.

I, _____, understand that I will be receiving one of the following: (Check one:) Facial Vivier Peel

1. I have discussed questions and concerns that I may have as well as the time frames for anything that must be avoided with my clinician.
2. My clinician has answered any questions I have regarding my post care. I acknowledge my obligations to closely follow the post care instructions and visit my clinician for post treatment follow up as specified.
3. I am aware and acknowledge that there is a rare possibility of an allergic reaction. I have discussed thoroughly with my clinician any such reactions and understand them.
4. I have been advised that my treatment is non-invasive, light exfoliation consisting of singly, or a combination of Salicylic Acid, Lactic Acid, Glycolic Acid, Resorcinol, Trichloroacetic Acid, Retinolic Acid and Enzymes.
5. The use of the above ingredients stimulates the skin to generate new skin cells. It does not replace deep chemical peel, laser resurfacing or plastic surgery.
6. I acknowledge that there may be some degree of discomfort during application. I will notice a warm sensation and the skin may tingle, sting, pin prickling, heat (burn) or feel tightness. Immediately after the chemical exfoliation treatment, my face may appear frosted or red, and by day 2, the skin may darken in color, feel tighter, and be more sensitive. Days 2-7 the skin may exfoliate. I am not to pick or peel skin. Pulling or picking may lead to infection, hyperpigmentation, and/or surface scars. I may experience some breaking out after treatment.
7. I understand that anytime the skin barrier is compromised, there is a small risk of infection. I will contact my beauty therapist immediately should this happen.
8. I acknowledge that I will avoid direct sun exposure following this treatment and will apply sunscreen daily.
9. Chemical Exfoliation treatments may lighten hyperpigmented skin, reduce acne breakouts or diminish fine lines. I acknowledge that there is NO GUARANTEED result. I am aware that there might even be an increase in uneven color from this procedure.
10. I acknowledge that I have not been using Accutane, Differin, Azelex, Finacea, Tazorac, or any other prescribed medication for the past 2 weeks.
11. I acknowledge that I have no prolonged sun exposure for 2 weeks prior to this treatment and will prevent prolonged sun exposure for 2 weeks post treatment. I acknowledge that sun exposure includes indoor tanning beds.

12. I acknowledge that if I am prone to cold sores (Herpes Simplex), I may need a prescription for Denavir, Zovirax, or Abreva from my physician prior to having a chemical exfoliation treatment. I am aware treatment could prompt cold sores.
13. I acknowledge that I am not sensitive to Aspirin. If I am sensitive, I have discussed this with my clinician and understand there could be a reaction.
14. I acknowledge that to achieve maximum results, I may need several treatments, and to use home care products.
15. I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.
16. I acknowledge that there are no guarantees to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, hormones, lifestyle, climate, etc. I understand I may or may not actually peel, and that each case is individual.
17. Although all precautions and procedures are strictly followed, I understand that during and after my peel I may experience one or more of the following: Discomfort, swelling, reddening, change in color, texture and/or pigmentation in between the area treated and not treated, darkening of existing blemishes, the occurrence of milia, eye injury and infection.
18. I hereby agree to all the above and agree to have this treatment performed on me. I further agree to follow all post care instructions as I am directed.
19. I declare that I have not had any other chemical peel of any kind, within 14 days of the treatment. I understand I cannot have another treatment within 14 days of this treatment, whether it is performed at this location or elsewhere.

The nature and purpose of the treatment has been explained to me. I have read and understand this agreement. All my questions have been answered to my satisfaction and I consent to the terms of this treatment. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I understand there is no guarantee of results of any treatment. I understand regular charges apply to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I understand that there are no refunds on any services rendered. I further agree, in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required.

I release Clinic 5 Laser staff and clinicians from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. NOTE: All prices are subject to change without notice. I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs revealing my identity will be used without my written consent.

Clients Name (Please print): _____

Clients Signature: _____

Date: _____