SKIN CONSENT FOR SKINMEDICA® CHEMICAL PEELS

Illuminize Peel® □ Vitalize Peel® □ Rejuvenize Peel™ □

PURPOSE: The SkinMedica Peels range from very superficial to superficial, designed to improve the texture and appearance of your skin.

PATIENTS WHO SHOULD NOT BE TREATED:
- Patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, healing problems, dermatitis or inflammatory rosacea in the area to be treated. Inform your nurse and/or Dr. if you have any history these or of herpes simplex
- Patients with a history of allergies (especially allergies to salicylates like aspirin), rashes, or other skin reactions, or those who may be sensitive to any of the components in this treatment
- Patients who have taken Accutane within the past year
- Patients who are pregnant or breastfeeding (lactating)
- Patients who have received chemotherapy or radiation therapy
- Patients with Vitiligo or Psoriasis (consult with Dr. first)
- Patients with a history of an autoimmune disease (such as rheumatoid arthritis, psoriasis, lupus, multiple sclerosis, etc.) or any condition that may weaken their immune system

ONE WEEK BEFORE YOUR SKINMEDICA PEEL AVOID THESE PRODUCTS AND/OR PROCEDURES:
- Electrolysis
- Waxing
- Depilatory Creams
- Laser Hair Removal
- Patients who have had BOTOX® injections should wait until full effect of their treatment is seen before receiving a SkinMedica Peel

TWO TO THREE DAYS BEFORE YOUR SKINMEDICA PEEL AVOID THESE PRODUCTS AND/OR PROCEDURES:
- Retin-A®, Renova®, Differin®, Tazorac®
- Any products containing retinol, alpha-hydroxy acid (AHA) or beta-hydroxy acid (BHA), or benzoyl peroxide
- Any exfoliating products that may be drying or irritating
- Patients who have had medical cosmetic facial treatments or procedures (e.g. laser therapy, surgical procedures, cosmetic filler, microdermabrasion, etc) should wait until skin sensitivity completely resolves before receiving a SkinMedica Peel. Discuss with Dr.

Note: The use of these products/treatments prior to your peel may increase skin sensitivity and cause a stronger reaction or complication.

ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR SKINMEDICA PEEL: It is common and expected that your skin will be red, possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having a SkinMedica Peel: skin breakout or acne, rash, swelling, and burning. These can be temporary or permanent. Burns, ulcers, Scars and other complications are unlikely but can occur and can be temporary or permanent.

Call the office and Dr. immediately if you have any unexpected problems after the procedure.

FOR VITALIZE PEEL/REJUVENIZE PEEL ONLY: Although most people experience peeling of their facial skin, not every patient notices that their skin peels after a Vitalize Peel procedure. Lack of peeling is NOT an indication that the peel was unsuccessful. If you do not notice actual peeling, please know that you are still receiving all the benefits of the Vitalize Peel, such as: stimulation of collagen production, improvement of skin tone and texture, and diminishment of fine lines and pigmentation.

There are a number of reasons why a patient may not have peeling or may experience minimum peeling. The reasons may include:
- Having peels regularly with a short interval between peels
- Frequent use of Retin-A, AHA, or other peeling agents prior to the Vitalize Peel treatment
- Severe sun damage

Proper skin evaluation by your skin care professional prior to your peel is important and will help predict the outcome of your peel.

Please read and initial the following:

I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section. INITIAL_____

I understand that the actual degree of improvement cannot be predicted or guaranteed. INITIAL_____

I understand that I may need several of these peels to achieve optimal results. INITIAL_____

I understand that for optimum results the post-peel instructions must be followed utilizing skin care products recommended by Dr. and his Nurse. I understand the warning signs of problems and know to call the office immediately. INITIAL_____

By my signature below, I acknowledge that I have read this Consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with this SkinMedica Peel. I will immediately call the office or Dr. as stated above with any questions, concerns, or signs of problems.

Patient Signature: ______________________  Date:__________

Nurse Signature: ______________________  Date:__________

Physician Signature: ____________________ Date:__________
Doctor Skin’s Chemical Peel Pre & Post Care Instructions

Contraindications:

- Patients with history of herpes must pre-medicate with Valtrex®
- Patients with active cold sores or warts, wounded, sunburned, excessively sensitive skin, healing problems, dermatitis or inflammatory Rosacea in the area(s) to be treated should be excluded from the SkinMedica Vitalize Peel® because the procedure could potentially precipitate a flare up or spread the condition
- Patients with a history of allergies, rashes or other skin reactions may be sensitive to treatment
- The SkinMedica peel should not be performed on patients with an allergy to salicylates (i.e., aspirin)
- This peel is not recommended if you have taken Accutane within the past year or received chemotherapy or radiation therapy
- This procedure should not be administered to pregnant or breastfeeding (lactating) women

What to Expect:
Patients will likely experience a stinging sensation as the peel activates on the skin. Immediately after the peel, your skin will be light yellow. This is temporary and will fade in 1-2 hours. Approximately 48 hours after the treatment, your skin will start to peel. The peeling process may last a few days.

Downtime/Recovery:
Skin may take on a sunburned appearance. Peeling and redness will last approximately three to five days.

Pre-Care Instructions (one week before your peel):

- Avoid the following procedures: electrolysis, waxing, depilatory creams and laser hair removal and sun exposure
- Cease using any exfoliating products that may be drying or irritating, such as salicylic acid, alpha hydroxy acid and glycolic acid

Pre Care Instructions (three days before you peel):

- Cease using your Tri-Retinol Complex, Retin-A, Renova®, Differin® (Adapalene 0.1%) or any products containing Retinol, AHA or BHA, or Benzoyl Peroxide

Post-treatment Recommendations/Prescriptive Care:

- Leave on finishing solution until bedtime for best results
- Rinse skin gently (with water only) and pat dry/do not rub
- DO NOT PICK OR PULL THE SKIN, as scarring can result
- Avoid harsh cleansers or washcloths
- Patients with hypersensitivity to the sun should take extra precautions to guard against exposure immediately following the procedure as there may be more sensitivity following the treatment
• Do not have any other facial treatment for at least two weeks after your peel
• Daily Skincare Routine:
  • When washing your face, use a gentle, non soap cleanser (we recommend the Avene Tolerance Extreme Cleansing Lotion available at Doctor Skin)
  • Cease the use of exfoliating scrubs for at least one week after your peel
  • Apply Cicalfate by Avene twice per day or as often as needed to relieve dryness and tightness
  • Use a sunscreen with zinc and avoid direct sunlight for at least one week
  • You may resume the regular use of retinol, alpha-hydroxy acid (AHA) products or bleaching creams only after the peeling process is complete and approved by your Doctor Skin Nurse and/or Dr. Doctor
• Warning signs of problems include severe redness, swelling, blistering, burns, ulcers, pain, or signs of infection. Notify us immediately if you see these.

Follow Up Visit:
We will contact you the day after your treatment to check on you and you should come 7 days after you treatment for a follow-up visit.

Notify Doctor Skin and Dr. Doctor if you have any questions, concerns, problems at

I understand the above instructions. I understand the risks and signs of side effects and complications such as severe redness, swelling, blistering, burns, ulcers, pain, or signs of infection and I will call the office and Dr. Doctor immediately if I have any questions or concerns.  

Initial __________
Doctor Skin Chemical Peel Treatment Sheet

Patient:____________________________________________________ Date: __________________

Has the patient done a peel before and if so which peel? ___________________________________

Patient’s current skin condition to be treated with peel: ____________________________________

Type of chemical peel: _______________________________________________________________

Lot# on peels for bottle #2_________________________and bottle #3________________________

Was Step #1 Cleansing Treatment performed? _______________ How many passes? _______________ 
Was Step #2 Peeling Solution applied? _____________ How many passes? ________________

Was Step #3 Retinoic Acid solution applied? ________ How many passes? ________________

How did the patient’s skin react to the peeling solution? ____________________________________

__________________________________________________________________________________

Was sunscreen applied post peeling solution? ____________________________________________

Was the patient given post peel instructions to follow, a prescription regimen sheet during peeling
time, told what products not to use and not to pick at skin? ________________________________

Was the patient told what to expect regarding when they will begin peeling and for how long?  

____________________________________________________________________________

Did the patient purchase the required post care products including the Avene Cicalfate & Medical
Grade Sunscreen? _________________________________________________________________

Schedule a follow up call with the patient or follow up visit...
Date scheduled and for what:  ______________________________________________________

Post Instructions given    YES
Instructed patient of warning signs (redness, swelling, bleeding, signs of infection or other) 
that patient should call about immediately   YES

Skincare Consultant:___________________________________________ Date: _______________

Physician:_________________________________________________ Date: _______________