

DUVALL'S SCHOOL OF COSMETOLOGY

Chemical Peel Consent Form –Micro Peel Dermabrasion

In the field of skin care we define the process of removing excess accumulations of dead cells from the skin a peeling or exfoliation. This can be done by using products (Glycolic acid etc.) formulated to achieve specific results know as chemical peels.

The process involves application to the skin in area with a cotton swab or small burs. The chemical is left on the skin for a certain period of time depending on the solution, product strength, skin type, skin condition, sensitivity, age, or prior use of any exfoliating agent to obtain a specific result.

The rate of improvement depends on age, skin type, condition, degree of sun or environmental damage, pigmentation levels, as well level of peel being used. To achieve maximum results it is recommended to do a series of treatments.

Potential Benefits

I acknowledge that no guarantee has been made about the results of the procedure. Some areas of improvement that may be achieved are as follows:

- Softer mother skin
- Reduction in appearance of lines and wrinkles
- Reduction in acne lesions
- Reduction in appearance of sun or age spots

Potential Risk

Although it is not possible to list every potential risk and complication, I agree, I have been informed of some possible risk, and complications which may include but are not limited to the following:

- Swelling and redness
- Scabbing or peeling of treated skin and surrounding areas
- Prolonged skin sensitivity
- Areas of increased or decreased pigmentation
- Burning of the skin

Any potential risk and complications could result in the need to discontinue the treatment.

____ I agree to keep my skin care specialist informed of any change in medication or products during treatment.

____ I agree to keep my skin care specialist informed on any concerns or discomfort during treatment

____ I certify that I am over the age of eighteen (18), that I am not pregnant or nursing, on Accutane, or taking any other medication that might affect the procedure.

____ I have read and will follow to the best of my ability any and all instructions.

____ I understand the potential risk of complication, and choose to proceed after considering the possibility of both known and unknown risk, complication, and limitations.

I _____ authorize DuVall's School of Cosmetology to perform he following peel.

Glycolic____ Lactic____ Salicylic____ Enzyme____

While some p[eeels are neutralized and removed during treatment, I understand that TCA and Jester's peels are applied in ____ layers and not removed.

Client

Signature _____ Date _____

Esthetician

Signature _____ Date _____

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

Client Signature _____ / ___ / ___ Date

Client Signature _____ / ___ / ___ Date

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This chemical peel form is used to evaluate your individual skin care needs. We will maintain the confidentiality of this information, and will disclose this information only: (1) to our staff members, (2) to quality assurance and quality control personnel, (3) to our product supplier and manufacturer. We will not provide this information to anyone else, except as required by law, and we will not sell this information to anyone. We may, however, contact you with product-related information. Your signature indicates that all previous information remains the same and is correct.