

CosMedix/Results Rx Peel Consent Form

Changes Salon & Day Spa, Inc.

1475 N. Broadway Walnut Creek, CA 94596 (925) 947-1814

This form is designed to provide information for making an informed decision regarding your peel. If you have any questions, please do not hesitate to ask your esthetician. While peels are effective in most cases, no guarantee can be made for individual results.

Please initial that you understand and agree with the following.

____ I have completed the client profile/medical history form **accurately**.

____ I have been candid in revealing any condition that could prohibit this treatment such as cold sores, pregnancy, and the use of hormones, recent facial surgery, laser resurfacing or injectable treatments, recent use of Retin-A, or use of Accutane in the last 12 months.

____ I understand that there are no guaranteed results from this treatment. Many variables such as age, sun damage, on going sun exposure, smoking, excessive alcohol intake, climate, diet, and water intake, skin thickness, and sensitivity can affect results. I understand that I may or may not peel and that each case is individual.

____ Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the peel and accept sole responsibility for any medical care that may become necessary. I will immediately contact the Esthetician/Changes performing the treatment of any adverse reactions.

____ **I will not scratch, pick, pull at or abrade the treated skin.**

____ I understand that direct sun exposure and the use of a tanning booth is **prohibited** during this treatment time, and that a **mandatory use** of a minimum SPF 30 **mineral based sun protection daily is required**.

____ I understand that to **achieve maximum results** I must follow the recommended home care regimen outlined by my esthetician. Altering the regimen or using products other than those recommended may alter or inhibit results. For Timeless Peel use of the After Care Kit is required.

____ I understand that **it may take several treatments to obtain the desired results**.

____ I understand that the following **side effects or complications** can occur:

- | | |
|--------------------------|--------------------------------------------------------------|
| 1. Discomfort | 6. Scarring |
| 2. Redness and swelling | 7. Hyper-pigmentation |
| 3. Hypo-pigmentation | 8. Acne breakouts |
| 4. Itching or irritation | 9. Skin peeling or flaking up to 14 days after the procedure |
| 5. Infection | |

____ I understand the goals of the treatment as well as the limitations and possible complications.

In signing below I agree I understand in full the information presented above, and freely give consent to undergo the peel procedure. All questions have been answered to my complete satisfaction. The undersigned acknowledge the potential risks of a peel procedure and, except for damage resulting from the sole gross negligence of Changes Salon & Day Spa, Inc. , I agree to release Changes Salon & Day Spa, Inc., its employees and agents from any claim or liability arising out of this service.

Signature _____ Date _____ Witness _____

CosMedix/Results Rx Peel Client Profile & Medical History

Name _____ Age _____ Sex _____ Phone _____

Occupation _____ Level of Activity _____

Skin Tone (circle one): Pale/White, Light Redish/Freckles, Lt. Olive, Med. Olive, Dark Olive, Dark Brown

Eye color: _____ Hair Color: _____ What is your ethnicity? _____

Do you wear contact lenses? Yes No Do you have permanent makeup? If so, where? _____

Have you had a peel before? Yes No When? _____

Describe your skin (circle all that apply): Normal, Oily, Dry, T-zone/Combination, Freckled, Sun Damaged, Uneven/Blotchy, Mature, Wrinkled, Saggy, Large pores, Small pores, Acne, Milia, Comedones, Occasional Breakouts, Scarred, Cystic, Melasma, Rosacea, Hypo-pigmented or Hyper-pigmented

Do you consider your skin Sensitive or Tolerant? _____

Do you have dilated capillaries or spider veins on your face? Yes No

Are you sun or wind-burned? Yes No When was the last time you tanned? _____

When was the last time you had facial hair removed? _____

Are you pregnant? Yes No Trying to get pregnant? Yes No

Have you had an "injectable" treatment from a Physician recently? Yes No When? _____

Are you recently facially post operative? Yes No If yes, Please describe _____

Are you allergic to milk, apples, citrus, grapes, aloe vera, aspirin or hydroquinone? Yes No

Any other allergies? (Please explain) _____

Are you using: Retin A _____ Renova? _____ Accutane? _____ How frequently? _____

Are you taking hormones, birth control? Yes No What kind? _____

Please list all medications (prescription and OTC) _____

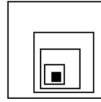
Have you ever had an adverse product reaction? Yes No Describe _____

Do you: Smoke? Yes No Drink Caffeine? Yes No How much? _____ Alcohol? Yes No

Do you get cold sores/fever blisters? Yes No If so, do you take medication for it? Yes No

Describe your skin care regime: _____

What about your skin bothers you and what would you like to have corrected or improved?



CosMedix/Results Rx Peel Post Peel Treatment Instructions

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To achieve the best results from your peel service we recommend using the CosMedix After Care Kit. Use of the CosMedix After Care Kit is required after receiving a Timeless Peel.

For the maximum benefit from your peel procedure follow the Post Peel Treatment Instructions listed below for your entire recovery time. Your individual recovery time will be influenced by the type of peel treatment you received and your individual skin response. Your Esthetician will provide information regarding the time frame you should expect.

1. Avoid direct sun exposure for 5-10 days.
 2. No waxing or any other type of hair removal for 7-14 days.
 3. No facial treatments for 7-14 days.
 4. Avoid exercise (getting heated) for 24 hours.
 - 5. DO NOT PICK, PULL, OR ABRASE SKIN.**
 6. No exfoliating products for 5 days.
 7. Increase water intake to include at least 8 (8 oz.) glasses daily
 8. Sun block (Mineral based) is mandatory and should be re-applied every 2-3 hours
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CosMedix After Care Kit:

Designed to care for your skin after a peel treatment. These products contain healing, calming and restorative ingredients for maximum results.

Benefit Clean - Gentle daily cleanser. Required use for a minimum 4-7 days post peel.

Reflect or Serious Protection - Chemical-free sunscreen. Required use for a minimum 7-14 days post peel.

Pure Enzymes - For most, begin use 5 days after peel procedure. Test a small area first if stinging occurs do not proceed, repeat test the following day.

Rescue - Healing Balm to soothe irritation, itching or discomfort.

Care for your skin Post Peel:

AM:

Cleanse with Benefit Clean, using clean wet hands, apply to damp skin, emulsify with fingers and rinse. Pat dry. Apply Rescue as needed to soothe any irritation, hot spots, itching or discomfort. Follow with the application of Reflect or Serious Protection. Reflect may be misted onto fingers and then patted into the skin. If you mist Reflect directly on your face, you must hold it at least 18" away. Reapply Reflect every 2-3 hrs.

PM:

Cleanse with Benefit Clean as above. Apply Rescue as needed to soothe any irritation, hot spots, itching or discomfort. Mist Reflect over skin every 2-3 hours.

If your skin is not irritated 5 days after your peel, begin using Pure Enzymes. Apply a small amount, leave on 1-3 minutes and remove. If tolerated, you may leave Pure Enzymes on longer (up to 15 minutes).

Please call if you have any questions or concerns. Changes Salon and Day Spa 925-947-1814