VI PEEL

VI Peel® Consent Form

PATIENT NAME _____ DATE _____

The VI Peel contains a synergistic blend of powerful ingredients suitable for all skin types. VI Peel will improve the tone, texture and clarity of the skin; reduce age spots, improve hyperpigmentation (including melasma), soften lines and wrinkles; clear acne skin conditions; reduce or eliminate acne scars; and stimulate the production of collagen, for firmer, more youthful skin.

Contraindications:

- Patients who are pregnant or who are breastfeeding
- Patients who have an aspirin, hydroquinone, or phenol allergy
- Patients who have used oral isotretinoin (Accutane) within the past 6 months
- Patients who have active cold sores, warts, open wounds, or history of herpes simplex
- Patients who are undergoing chemotherapy and or radiation therapy within 6 months
- Patients with a history of an autoimmune (i.e. Lupus) or liver disease/disorder, as well as, any condition that may weaken their immune system

_____ Prior to receiving treatment I have communicated with the Practitioner about any conditions or medications that may contraindicate this procedure.

_____ I understand that there may be some degree of discomfort such as burning, stinging, redness, heat, or tightness during and a week after the procedure.

_____ I understand that there is no guarantee of the final results of the peel. Occasionally hyperpigmentation may develop which may persist for a week or months after the peel.

_____ I understand although complications are very rare, sometimes they may occur. In the event of any complications, I will immediately contact the Physician/Clinician who performed the treatment.

_____ I understand if I have any acne condition in the skin, the peel may bring out oils and bacteria from below the surface and can cause an actual breakout.

_____ I understand that maintenance of VI Peel® treatments are necessary to maintain results as well as the recommended VI Derm® skin care regimen and SPF 50+.

_____ I understand the extended direct sun exposure including tanning beds are strictly prohibited before and after receiving the VI Peel®.

_____ I understand no activities involving excessive sweating can be done for 72-96 hours (exercise, sauna, hot tub, steam room, and that overheating may cause me to develop blisters or cause hyperpigmentation to worsen.)

_____ I understand that I must protect my skin with VI Derm® SPF 50+ and avoid sun exposure during the 7 day exfoliation process.

_____ I understand that this is an elective cosmetic procedure.

_____ I understand that no other chemical peels, facial machine brushes, or medical device (laser, IPL, etc) treatments may be performed on my skin until my physician/clinician releases me to do so.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement in its entirety. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. 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.

PRINTED PATIENT NAME	PATIENT SIGNATURE	DATE
PRINTED PRACTITIONER NAME	PRACTITIONER SIGNATURE	DATE
PEEL TYPE	LOT #	EXP. DATE