NOOR
ESTHETIQUE AND WELLNESS CENTER

CHEMICAL PEEL CONSENT FORM

Tele:

INFORMED CONSENT FOR CHEMICAL PEEL(VI Peel, Jessners or Salicylic)

1. I authorize the chemical peel listed above, to my face and / or neck, chest and hands.

2. Depending on the chemical peel site, there may be redness and/or irritation and discoloration (dark tan and pink marks) that can persist for several days or weeks.

3. Occasionally hyper pigmentation or hypo pigmentation might develop after the peel that might persist for weeks or months.

4. With each chemical peel results are achieved. Nevertheless, no guarantees can be made as to the final results. Any number of chemical peels may be required to achieve desired results, depending on the present skin condition, skin care maintenance program, age and lifestyle of the patient.

5. Once the desired results are achieved, I understand that maintenance peels are necessary to sustain the rejuvenative results. The frequency depends on the individual's own genetics, age and lifestyle.

6. Once peeling process is complete it is essential to follow instructions and/or use the V.I. Derm skin care line, or other, to maintain results and avoid any future complications especially hyper pigmentation.

7. For VI Peel Clients Only: I understand that this peel is made of the strongest acids such as Phenol and Trichloroacetic acid, also referred to as TCA, salicylic acid, among others. The exact composition is proprietary information of the V.I. Peel system, and I waive any rights, present or future, I may have as to request to divulge the exact composition or concentrations.

8. Services are cosmetic in nature, and are non refundable. I understand that payment is my sole responsibility.

Consent: Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks, there may be other treatments options, such as injections, other types of lasers/light sources or peels. With this in mind, I am choosing this treatment for Rhytids, photodamged skin and other indicated skin conditions.

I have read and understand the Pre-Post treatment instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of scarring, and other side effects and complications such as hyper-pigmentation, hypo-pigmentation, and other skin textural changes.

I understand that this examination is not meant to replace the necessity for a complete dermatological examination.

No guarantee, warranty, or assurance as been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment.

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

I understand and agree that all services rendered are charged directly to me and that I am personally responsible for payment. 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. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks.

ACKNOWLEDGMENT:

I release the facility, staff and specific technicians from any and all 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.

(Print) Patient Name: _____ Patient Signature: _____

Witness Signature:_____ Date: _____