

INFORMED TREATMENT CONSENT
Centre for Facial Plastic Surgery MediSpa

NAME: _____ DATE: _____

TREATMENT: _____

The instructions and guidelines provided in this informed consent should be followed by all individuals receiving a Professional Resurfacing Treatment. Please read and initial after each paragraph acknowledging that you have read and understood all of the information presented.

PROFESSIONAL RESURFACING TREATMENT

_____ This Professional Resurfacing Treatment is a superficial peel designed to improve the texture and appearance of your skin. Your participation in your treatment will determine the outcome. It is important that you strictly adhere to all instructions that your treatment specialist has provided

_____ No guarantee is expressed or implied as to the precise results, peeling times, or discomfort. Depending on the treatment, you may experience some temporary redness, stinging, or warm flushing. During the next few hours you may experience some tightening of the skin which may last for several days.

_____ For most individuals, a light flaking begins within 48 hours. It is impossible to pre-determine how much peeling will occur. Dark spots may appear darker before shedding off.

_____ Depending on the treatment, the shedding process usually subsides within 2-7 days.

_____ Lack of flaking or peeling is NOT an indication that the treatment was unsuccessful. If you do not notice actual peeling, you are still receiving all the benefits of your treatment such as improvement of skin tone, texture, and appearance of fine lines and hyperpigmentation. There are a number of reasons why some people may not experience peeling such as severe sun damage, having peels regularly with short intervals between treatments, and frequent use of Retin-A, Retinol or AHA's.

_____ Depending on the treatment performed and your individual skin health, the following reactions may occur in some individuals: Prolonged redness, irritation, flakiness, dryness, sensitivity, and in rare instances severe allergic reactions.

INDIVIDUALS WHO SHOULD NOT BE TREATED

_____ A Professional Resurfacing Treatment SHOULD NOT be performed on people with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, dermatitis or inflammatory Rosacea in the area to be treated, or an autoimmune disease.

_____ You should not have a Professional Resurfacing Treatment if you have a history of allergies, rashes, or other skin reactions, cancer, or may be sensitive to any components of this treatment.

_____ This treatment is not recommended if you have taken Accutane (or its generic form) within the past year, or received chemotherapy or radiation therapy.

_____ With the exception of Glo Professional's Enzymes and Brightening Polish, this treatment should not be administered to pregnant or breastfeeding (lactating) women

_____ *Inform your treatment specialist if you have any of the above concerns, a history of herpes simplex, or are allergic to aspirin

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PRE-TREATMENT GUIDELINES: Unless otherwise instructed to do so by your treatment specialist:

_____ One week prior to treatment avoid waxing, electrolysis, Laser Hair Removal, prescription retinoids/retinoid-like compounds (Retin-A, Renova, Differin, Tazorac), products containing Retinol, AHAs, BHAs Benzoyl Peroxide, or any exfoliating products that may be drying or irritating on the area to be treated.

_____ Individuals who have medical cosmetic facial procedures must wait until skin sensitivity completely resolves before having a Professional Resurfacing Treatment.

POST-TREATMENT GUIDELINES: It is crucial to the health of your skin and success of your treatment that these guidelines be followed:

_____ It is imperative that you use the prescribed recovery products to heal and protect the skin which includes mandatory daily sun protection.

_____ Avoid direct sun exposure for at least 48 hours.

_____ Your skin may be more sensitive after your treatment so avoid strenuous exercise for at least 24 hours.

_____ Do not pick or pull the skin. When cleansing, do not scrub or use a wash cloth.

_____ Wait until all flaking and peeling is complete before returning to your regular home care routine or having additional professional treatments.

_____ Immediately notify your treatment specialist of any concerns.

CONSENT:

I hereby give my consent & authorization, and voluntarily release _____ from any claims implied or stated that I have or may have in the future with this treatment, regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand. If I am under the care of a physician, I have discussed the treatment plan with my physician for prior approval.

SIGNATURE: _____ DATE: _____