



# Chirally Correct Peel Consent Form

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\_\_\_\_\_ I have completed the client medical form accurately.  
\_\_\_\_\_ I have been candid in revealing any condition that could prohibit this treatment such as cold sores, pregnancy, and use of hormones, recent facial surgery or laser resurfacing, recent use of Retin A or use of Accutane within the last twelve 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. 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 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 use of a tanning booth is **prohibited** during this treatment time, and that **a mandatory use** of a minimum SPF 15 **sun protection daily**.  
\_\_\_\_\_ I understand that to achieve maximum results the recommended home care routine must be followed. I understand that if I alter the routine or use product not recommended by the skin care professional the results could be altered or inhibitive. I also 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
2. Redness and Swelling
3. Hypo pigmentation
4. Itching or irritation
5. Skin peeling or flaking up to 14 days after the procedure
6. Infection
7. Scarring
8. Hyper pigmentation
9. Acne Breakouts

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

\_\_\_\_\_ The technician has provided the information and has answered all my questions concerning this procedure. I clearly understand the above information.

\_\_\_\_\_ Cost of per treatment \$ \_\_\_\_\_, or series of \_\_\_\_\_ at \$ \_\_\_\_\_

Signature \_\_\_\_\_

Skincare Professional \_\_\_\_\_

Date \_\_\_\_\_

# CosMedix

## The Correct Pre Peel Kit (10 day prep)

**Benefits:** A selection of safe and effective exfoliating and collagen stimulating ingredients to prepare the skin to accept resurfacing of the CosMedix peel treatments. Allowing penetration of the peel ingredients to maximize the resurfacing benefits and corrections of skin conditions. Also full spf and chemical free sun protection during the pre peel program is included with antioxidant care added.

**Products: 4 (10 ml)**

Purity Clean

Protect

Refine 4%

Defy

**Peels:**

**All CosMedix Tomorrow Peels Timeless, Deep Sea, L-TCA Enhancement for Today's Peels**

**Instructions:**

**AM :**

**Purity Clean:** Apply 2 pumps to wet hands, massage into skin lather and rinse

**Protect:** Apply 2 pumps to damp hands smooth onto skin

**PM:**

**Purity Clean:** Repeat

**Defy:** Apply 1 pump first night

**Refine:** Apply 1 pump second night then alternate on nights not using Defy for first five nights work up to using every night thereafter (for sensitive skin types may mix Refine and Defy together on the second week)

Lightening Serum: Thin Layer-Nightly

**\*\*Refine can be stimulating to the skin if redness, irritation occurs, stop application and contact your skin care Professional/Physician, some mild peeling may be expected.**

# CosMedix Pre Peel Treatment Instructions

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Peel Type \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

In order to achieve the best results possible from your peel treatment it is important that you read and understand the following instructions. If you have any questions regarding these instructions please contact your skin care specialist/Physician for clarification.

#1 Please follow the instructions and guidelines provided by your skin care specialist/Physician contained in your Prep Kit. If, for any reason, you stop or interrupt the prep procedure you must contact your skin care specialist immediately. Your scheduled appointment or type of peel may need to be changed or rescheduled.

#2 within 2 weeks prior to your treatment- **STOP-DISCONTINUE- or DO NOT HAVE THE FOLLOWING TREATMENTS:**

- \*Waxing of any areas to be treated by your peel
- \* Depilatory use in any treated area
- \* Electrolysis of any treatment area
- \*Laser Hair removal treatments
- \* Sun exposure to area to be treated
- \* Chemical treatments of any kind including any alpha hydroxy acid treatments other than your prep program
- \* Hair Color or Chemical treatments application of any type

#3 Notify your skin care specialist immediately if you are put on any new type of medication or oral supplement as it may cause increased sensitivity to your peel treatment, or any change to your health.

# CosMedix Post Peel Treatment Instructions

In order to achieve the best results from your peel treatment we ask that you read and understand the following instructions. Your Skin Care Specialist/Physician will review the instructions in your After Care Kit. These instructions are in addition to those instructions.

- #1 Your recovery time will be influenced by the type of peel treatment you've received and your individual skin's response. Your Skin Care Specialist will have discussed with you the individual time frame you should expect.
- #2 Sun Exposure: Avoid direct sun 5-10 days
- #3 Waxing/Hair Removal: Avoid 14 days
- #4 Facial Treatments: Avoid 14 days
- #5 Exercise: Avoid 24 hrs (avoid getting heated)
- #6 DO NOT PICK AT SKIN
- #7 No Exfoliating Products "5" days
- #8 Increase Water intake to include "At Least" 8 glasses
- #9 Sun Block is Mandatory and reapplied every 2 hours
- #10 Do not use wash cloths, or any other type of cloth on skin apply cleansers to clean hands for application.

Additional Instructions:

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I understand and agree to comply with the above instructions. I also agree to contact the office with any further questions.

Name: \_\_\_\_\_

Date \_\_\_\_\_

Skin Care Specialist: \_\_\_\_\_

Phone #: \_\_\_\_\_