



**Skinetics Consent Form**

Continued Treatment Consent	
Date	Initials

I understand that there may be some degree of discomfort (i.e.; stinging, pinpricking sensation, heat, or tightness).

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc. I understand that I may or may not actually peel and that each case is individual.

I understand that this treatment is a cosmetic treatment and that no medical claims are expressed or implied. I understand that to achieve maximum results, I may need several treatments.

I understand that although complications are very rare, sometimes they may occur and that prompt treatment may be necessary. In the event of any complications, I will immediately contact the Doctor/Aesthetician who performed the treatment.

I agree to refrain from tanning (tanning booths and/or direct sun exposure) while I am undergoing treatment, and during the 14 days following the end of treatment.

I understand the use of sunblock protection with a minimum of SPF 30 is mandatory.

I have not had any other peel or treatment of any kind within the last 14 days. I understand I cannot have another treatment within 14 days of this treatment, whether the treatment is performed at this location or any other location.

I understand that medications can play a vital role in how the skin reacts to chemicals and homecare (i.e.; over-the-counter remedies, herbal and/or prescriptions). I understand that when initialing this form at each visit, is my acknowledging these possible occurrences and informing Skinetics, Inc. of any changes in my medications.

***I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow the post-peel instructions as I am directed.***

***Patient***  
***Signature:\_\_\_\_\_ Date:\_\_\_\_\_***

***Aesthetician***  
***Signature:\_\_\_\_\_ Date:\_\_\_\_\_***