

 SKINETICS®
SKINETICS INFORMED CONSENT

Chemical Peels (hereinafter the “Procedure”) are not a “cure all” treatment. However, for certain skin conditions the Procedure can provide marked aesthetic improvement in the appearance of one’s skin. Therefore, it is very important that you have a thorough understanding of what the Procedure can and cannot do for your particular skin condition. In addition, it is imperative that you acknowledge the potential risks associated with the Procedure.

Before subjecting yourself to the Procedure, please read carefully the following statements. After you have read each statement, please initial each respective statement in the space that has been provided.

Initials Required:

_____ The Procedure and the Home Treatment Program were explained to me in detail by the Physician and/or Aesthetician.

_____ I understand that the Procedure is a skin rejuvenation treatment and that I may need several administrations of the Procedure in order to achieve the best results.

_____ I confirm I am not pregnant and/or lactating. Please note Physician consent is required prior to treatment and modifications will be made to safely execute treatments.

_____ I have not used Accutane in the past 6 months.

_____ I understand that any one of the following complications can occur through the administration of the Procedure:

Acne/ Existing Blemishes: Moles, blood vessels (telangiectasias), freckles and sun spots may become more obvious and darker since layers of dead skin have been removed. A skin’s condition may worsen before improving due to the skin’s process of elimination.

Demarcation: Refers to the difference in color, texture, or pigmentation that may occur at the junction between the treated and non-treated skin areas.

Discomfort: This is usually minimal and of short duration.

Eye Injury: Protective safety glasses will be worn while chemicals are being used during any procedure.

Infection: Is extremely unlikely, but may occur. An outbreak of herpes may occur in effected individuals (pretreatment with an antiviral medication is required prior to treatment).

Pigmentation: Although extremely rare, temporary and possibly permanent changes in the color of the skin may occur.

Reddening: A red discoloration may persist anywhere from a few hours to several days.

Scarring: Is very unusual, but may occur.

Swelling: This is very unusual, but if occurs will be minimal and subsides in a few hours to a few days.

Hair Growth: Refers to the Dermaplane phase of the MicroPeel, hair is expected to grow back blunt-ended. New hair will not appear darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern and cause a darker and denser restoration process.

General: Any and all risks and complications can result in additional treatments, time off work and expenses to you.

- Should one or more of the foregoing complications arise, please notify our office immediately.
- Early detection and treatment may minimize future complications.
- The foregoing list is not intended to be a complete or exhaustive list of all possible complications which may arise as a result of the Procedure.

The Physician and/or Aesthetician will be glad to detail less likely complications or problems.

Initials Required:

_____ I understand that the Procedure need not be administered by a physician. It is also my understanding that, in addition to receiving formal training, any non-physician medical assistant (i.e., RN, LPN, Surgical Technician, Cosmetologist or Aesthetician) who administers the Procedure has had his/her skills reviewed and endorsed by the supervising or attending physician.

_____ I understand that it is extremely important to strictly follow all home care instructions when striving for optimal results.

_____ I understand that if I experience any adverse side affects that appear to be attributable to my use of home care products; I would discontinue use of the products and notify the office immediately.

I certify that I have read and understand ALL of the above and I am satisfied with the explanation.

Patient Signature

Date

I certify that I have discussed ALL of the above with the patient and have offered to answer any questions regarding the Procedure, and I believe that the patient fully understands the explanations and answers.

Aesthetician Signature

Date