

## INFORMED THE PERFECT PEEL CONSENT

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 Perfect skin care line, or other, to maintain results and avoid any future complications especially hyper pigmentation.
7. 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 Perfect 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.

I agree that this constitutes full disclosure, and that it supercedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions.

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**(Print) Patient Name**

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**Patient Signature**

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**Date**

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**Witness Signature**

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**Date**

# **Patient Post Perfect Peel Instructions**

## **Day 1-2    The Treated area will feel tight and may appear slightly darker.**

- The peel solution should remain on the treated area(s) for at least 6 hours.
- During the first 6 hours, do not wash, touch, rub, or apply make-up to the treated area.
- If needed, make-up can be applied on Day 2. Do not apply sunscreen, moisturizer, make-up, or any other product the day of peel application.
- If you are not experiencing any irritation or discomfort, the peel solution can remain on until your evening cleansing.
- On evenings 1 and 2, gently wash and dry the treated area. Effectively apply the post-peel treatment towelette to the treated area and discard actual towelette when finished. Let dry thoroughly. Leave the treatment on overnight, do not wash off.
- If you are experiencing any irritation or discomfort, apply a small amount of 1% or 2.5% hydrocortisone to the area.
- Do not use any moisturizing products on the treated area until peeling begins (usually Day 3).

## **Day 3-5    Peeling generally begins on Day 3.**

- After peeling begins, apply The Perfect Peel moisturizer (which is included in the post-peel take home kit) to the peeling areas to control the peeling and to alleviate the tightness.
- Do not rub, pick, or pull on the peeling skin, let the peeling occur naturally. Rubbing, picking, or pulling can cause scarring. You may cut hanging skin with a pair of small scissors.
- Gently wash (do not scrub) and dry the treated area morning and night. Apply the Perfect Peel moisturizer and SPF 30 sunscreen every 2-3 hours.
- The treated area will be very sensitive to sun exposure so daily sun exposure should be limited and a sunscreen of at least SPF 30 should be worn.

## **Day 6    The peeling process is generally complete.** (Mild sloughing may still occur in certain treated areas.)

- You may resume use of your normal skin care products.
- If the treated area becomes irritated, wait until the sensitivity subsides.
- Continue to protect your skin with a sunscreen containing at least SPF 30.

By signing below I have read and understand all the above explanation and recommendations regarding post-peel instructions. I hereby release Ms. Sue's Med Spa from liability associated with this procedure.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_