

S O R E L L A

A P O T H E C A R Y

PEEL CONSENT FORM

Name: _____ Phone: _____

E-mail: _____

- Are you pregnant or breastfeeding? Yes__ No__
- Have you had permanent makeup applied? Yes__ No__
- Do you currently use hair removal products or have you recently had facial waxing? Yes__ No__
**Discontinue use of any hair removal five days pre and post treatment.
- Are you currently using any topical Retinoid prescriptions (Examples: tretinoin or Retin-A) Yes__ No__
** Consult your physician before discontinuing use of any prescription, however, it is recommended to discontinue use of these prescriptions five days before and after treatment.
- Are you currently using Accutane? Yes__ No__
-For how long? _____
- Have you previously had a chemical peel Yes__ No__
-What type of peel? _____
-Was your last peel within the last 14 days? Yes__ No__
- Do you have regular collagen, or dermal filler injections? (Botox) Yes__ No__
- Have you recently had laser resurfacing? Yes__ No__ When? _____
- Do you participate in vigorous exercise or sports? Yes__ No__ Type__
- Do you develop cold sores/fever blisters? Yes__ No__ Last breakout? _____
- Are you allergic/sensitive to any of the following?
- (Check all that apply) milk__ apples__ citrus__ grapes__ aloe vera__ asperin__ perfumes__
latex__ hydroquinone__ mushrooms__ Other allergies? _____
- Are you taking any medications at this time? (antibiotics may increase sensitivity) _____
- What are the changes you would most like to see in your skin? _____

PLEASE INITIAL & SIGN BELOW

____ I understand that a small amount of discomfort and flushing may be part of the chemical treatment. Stinging, heat and tightness are all normal.

____ I understand that due to many personal variables, that there are no guarantees as to the results of this treatment and I may need several treatments to see maximum results.

____ I understand that I may or may not actually peel and that each case depends on each individual's personal variables.

____ I understand that this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

____ I understand that although complications are very rare, sometimes they occur.

____ I understand that extended direct sun exposure is prohibited preceding treatment, and the daily use of an SPF 30 is mandatory.

____ I have not had a chemical peel within 14 days of this treatment. I understand that I cannot have another chemical peel 14 days preceding this treatment.

____ I understand that I should follow my post-procedure recommendations to minimize side effects and maximize results.

Signature: _____ Date: _____