



MICROPEEL INFORMED CONSENT

NAME _____ Today's Date _____ Date of Birth _____

The SkinCeuticals or Epionce Pigment Balancing Peel, Micropeel Plus or MicroPeel [hereinafter known as "Clinical Procedure(s)"] is not a cure all epidermal treatment. However, for certain skin conditions, these Clinical Procedure(s) can provide marked improvement in the appearance of one's skin. Therefore, it is very important that you have a thorough understanding of what a Clinical Procedure(s) can and cannot do for your particular skin condition. In addition, it is imperative that you acknowledge the potential risks associated with the administration of Clinical Procedure(s).

The foregoing list is not intended to be a complete or exhaustive list of all possible problems or complications, which may arise as a result of the Clinical Procedure(s). Should one or more of the foregoing complications arise, please notify the physician's office immediately.

- **Discomfort** is generally minimal and subsides after a short duration. Swelling is unusual. If it occurs, it is minimal. Swelling subsides in a few hours to a few days.
- **Reddening** or a red discoloration may persist anywhere from a few minutes to several days. Demarcation is a difference in color, texture, or pigmentation that may occur at the junction between the treated and non-treated skin areas. This is unusual with epidermal procedures.
- **Existing Blemishes or moles, blood vessels (telangiectasias), freckles and sun spots** may become more obvious and darker since layers of dead skin have been removed.
- **Eye Injury** caused by chemicals getting into the eye, scarring and vision disturbances may occur.
- **Protective safety goggles** are recommended to be worn by you, the patient, while chemicals are being used during all Clinical Procedure(s).
- **Scarring** is very unusual, but may occur.
- **Pigmentation** is rare and usually temporary. Possible permanent changes in the color of the skin could occur.
- **Milia** may occur, but will usually disappear quickly.
- **Infection** is extremely unlikely, but may happen. An outbreak of **herpes** may occur in affected individuals (if you are prone to cold sores, ask your physician for medication).
- **Hair Growth:** If the dermaplaning phase of the Biomedic MicroPeel is administered, 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.
- **In General:** Any and all risks and complications can result in additional surgery, hospitalization, time off work and expenses to you. Early detection and treatment may minimize future complications.

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

_____ I understand that a Clinical Procedure(s) is a skin rejuvenation treatment. I may need several administrations of the Clinical Procedure(s) in order to achieve my best results.

_____ I understand that Clinical Procedure(s) 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 Clinical Procedure(s) has had their 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 effects that appear to be attributable to my use of Home Care products, I would discontinue use of the products and notify the office.

I certify that I have read and understand ALL of the above. I have also discussed the same with the Skincare Technician/Medical Esthetician at The Skin Rejuvenation Center

Patient Signature: _____ Date: ____/____/20____

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

Skincare Technician Signature: _____ Date: ____/____/20____