

Nouveau Cosmetic Center

Peel Consent

Name: _____

Date: _____

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy, recent facial surgery, allergies, tendency to get cold sores/fever blisters, use of topical ingredients that contain retinol, any product containing AHA, BHA or Benzoyl Peroxide, and use of Accutane.

I understand that there may be some degree of discomfort or stinging, hotness or tightness during the procedure.

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

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

Complications are very rare. I understand that sometimes they may occur and that prompt treatment is necessary. In an event of any complications, I will immediately contact the Medispa. Complications include the risk for blister, hyper-pigmentation, wound healing, scarring, infection, and herpes simplex. I agree to refrain from tanning. I understand that the use of broad spectrum sun block is mandatory for two months after peel. If you have a history of cold sores, you must take an anti-viral medication after this peel to avoid the risk of outbreak.

The practice of medicine and surgery is not an exact science. Although good results are expected, there is not a guarantee or warranty expressed or implied as to the results that may be obtained. There are variable conditions, risks and potential complications that may influence the long-term results from light and/or laser treatment. Your nurse or aesthetician may provide you with additional or different information that is based on all the facts in your particular case or state of medical knowledge. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

I agree to the post-treatment written instructions provided to me. I agree not to pick or peel the skin and to be seen for follow ups as recommended.

Signed: _____

Witness: _____