

REJUVENATION SPA OF ALPHARETTA

Christi Stowers Enterprises
1380 Upper Hembree Road, Roswell, GA 30076

VI PEEL (CHEMICAL PEEL) INFORMED CONSENT

1. I authorize the chemical peel listed above to be applied to my face and/or neck, chest, back, hands, feet.
2. Depending on the chemical peel site, there may be some redness and/or irritation and discoloration (dark tan and pink marks) that can persist for several days or weeks.
3. Occasionally, hyperpigmentation or hypopigmentation might develop after the peel that can 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 the peeling process is complete, it is essential to follow instruction and/or use the skin care products specifically recommended by your esthetician to maintain results and to avoid any future complications, especially hyperpigmentation.
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 VI Peel system, and I waive any rights, present or future, I may have as to request to divulge the exact composition or concentrations.
8. Our services are cosmetic in nature and are nonrefundable. I understand that payment is my sole responsibility.
9. This office is regulated by the rules of the Board of Medicine as set forth in Rule Chapter 64B8, F.C.A.

Please initial EACH line below: I certify the following statements are truthful and accurate:

- I am not HIV positive or have AIDS
- I have not used a chemical peeling agent in the past 30 days.
- I have not had laser facial resurfacing performed in the past year.
- I am not currently using nor have I used Accutane over the past year.
- I have not used Retin-A, Renova, or any other retinoic product over the past 3 weeks.
- I am not pregnant or nursing
- I understand that direct sun exposure is prohibited during peeling state.
- I understand that the use of a sunscreen with a minimum SPF of 30 is mandatory.
- I understand that I should not expose my skin to chlorinated swimming pools until peel is complete.
- I understand that if I suffer from herpes simplex, the application of a chemical peel can trigger the appearance of a fever blister or cold sore unless I use prophylactic treatment before application of the peel (Valtrex or Zovirax).

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

Patient Name: _____ Date: _____