

You Only Younger

Facial or Chemical Peel Informed Consent

To the CLIENT: You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

I, _____, understand that I will be receiving with one of the following: Check One: Signature Facial Chemical Peel

1. I have discussed any further questions or concerns that I may have as well as time frames for anything that must be avoided post treatment with my Skincare Specialist.
2. My Skincare Specialist has answered any questions I have regarding my post care. I acknowledge my obligations to closely follow the post care instructions and visit my Skincare Specialist for a post-treatment follow-up as specified.
3. I am aware and acknowledge that there is a rare possibility of an allergic reaction. I have discussed thoroughly with my Skincare Specialist any such reactions and understand them.
4. I have been advised that my treatment is a noninvasive, light exfoliation consisting of singly, or a combination of Salicylic Acid, Lactic Acid, Glycolic Acid, Resorcinol, Trichloroacetic Acid, Retinoic Acid and Enzymes.
5. The use of the above ingredients stimulates the skin to generate new skin cells. It does not replace deep chemical peel, laser resurfacing, or plastic surgery.
6. I acknowledge that there may be some degree of discomfort during application. I will notice a warm sensation and the skin may tingle, sting, pin prickling, heat (burn) or tightness. Immediately after the chemical exfoliation treatment, my face may appear frosted or red, and by day two (2), the skin may darken in color, feel tighter, and be more sensitive. Days two (2) through seven (7), the skin may exfoliate. I am not to pick or peel skin. Pulling or picking skin may lead to infection, hyperpigmentation and/or surface scars. I may experience some breaking out after a treatment.
7. I understand that anytime the skin barrier is compromised, there is a small risk of infection. I will contact my beauty therapist immediately should this happen.
8. I acknowledge that I will avoid direct sun exposure following this procedure and will apply a sunscreen daily.
9. Chemical Exfoliation treatments may lighten hyperpigmented skin, reduce acne breakouts or diminish fine lines. I acknowledge that there is **NO GUARANTEED** result. I am aware that there could even be an increase of uneven color from this procedure.
10. I acknowledge that I have not been using Accutane, Differin, Azelex, Finacea, Tazorac, or any other prescribed medication(s) for the past two weeks.
11. I acknowledge that I have had no prolonged sun exposure 2 weeks prior to this treatment and will prevent prolonged sun exposure 2 weeks post treatments. I acknowledge that sun exposure includes indoor tanning beds.
12. I acknowledge that if am prone to cold sore (Herpes Simplex), I may need a prescription for Denavir, Zovirax, or Abreva from my Physician prior to having a chemical exfoliation treatment. I am aware the treatment could prompt cold sores.
13. I acknowledge that I am not aspirin sensitive. If I am aspirin sensitive, I have discussed this with my Skincare Specialist and understand there could be a reaction.
14. I acknowledge that to achieve maximum results, I may need several treatments and use home care products.
15. I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

16. I acknowledge that there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, hormones, lifestyle, climate, etc. I understand I may or may not actually peel, and that each case is individual.
17. Although all precautions and proper procedures are strictly followed, I understand that during and after my chemical peel I may experience one or several of the following: discomfort, swelling, reddening, change in color texture and/or pigmentation between the area treated and not treated, darkening of existing blemishes, the occurrence of milia, eye injury and infection.
18. I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-care instructions as I am directed.
19. I declare that I have not had any other chemical peel of any kind, within 14 days of the treatment. I understand I cannot have another treatment within 14 days of this treatment, whether it is performed at this location or any other location.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I understand there is no guarantee of results of any treatment. I understand regular charges applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I understand there are no refunds on any services rendered. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

I release You Only Younger, LLC, medical staff and technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. Note: All prices are subject to change without prior notice. I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs revealing my identity will be used without my written consent.

Client's Name (Please Print): _____

Client's Signature _____

Date: _____