MEDICAL SKINCARE INFORMED CONSENT

NAME _____ Today's Date _____ Date of Birth _____

The SkinCeuticals 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 under- standing 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 effected 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.

_____ The Clinical Procedure(s) has been explained to me in detail by the physician and/or members of the physician's staff and that for optimum results, a Home Treatment Product Program is needed to enhance the results of Clinical Procedure(s).

_____ 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 affects 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 _____, MD and _____, Skincare Technician

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.

Physician Signature: Date: ____/____/20____

Skincare Technician or Witness Signature: _____

Date: ____/____/20____