

## Prana SpaCeuticals™ Informed Consent for Acid Peels

Please read and initial after each section. We would like to make sure that you are informed concerning your skin acid peel. \_\_\_\_\_

I have been given the Confidential Client Information questionnaire, have read and answered the questions thoroughly, and have discussed any further questions that I may have with my skin care specialist. \_\_\_\_\_

My skin care specialist has answered any questions I may have regarding my aftercare. I acknowledge my obligation to closely follow the aftercare instructions and visit my skin care specialist for a post-peel treatment as specified. \_\_\_\_\_

I am aware and acknowledge that there is a rare possibility of an allergic reaction. I have discussed thoroughly with my skin care specialist any such reactions and understand the care that would be necessary. I have had an acid peel patch test done and it is negative. \_\_\_\_\_

I have been advised that my treatment is a light acid peel consisting of \_\_\_\_\_

Its use stimulates the skin to generate new skin cells and new collagen formation and increases the blood flow to the skin. It does not replace deep chemical peels or plastic surgery. \_\_\_\_\_

I acknowledge that during application I will notice a warm sensation and the skin may tingle, sting or burn. Immediately after the peel, my face may appear frosted or sunburned, and be day two, the skin may darken in color, feel tighter and be more sensitive. Days two through approximately seven, the skin will peel. **I am not to pick or peel the old skin.** Pulling or picking skin may lead to infection (which will require treatment with a topical antibiotic) or scarring. I may experience some breaking out after the peel. \_\_\_\_\_

I acknowledge that if I fail to use a sunscreen, uneven tanning can result, and the skin is more susceptible to sunburn. \_\_\_\_\_

Although acid peeling can lighten hyper pigmented skin, I acknowledge that there is **NO GUARANTEE** that dark discoloration of the skin known as melasma will be reduced or faded. My face may temporarily develop uneven color, especially if I have uneven color before the peel. \_\_\_\_\_

I acknowledge that I have not been on Accutane for acne therapy in the past six months. \_\_\_\_\_

I acknowledge that I have not been using Retin A for the past two weeks. Nor have I had any waxing in the past week. \_\_\_\_\_

I acknowledge that if I am prone to cold sores (herpes) around the mouth and facial area. I am also aware that having an acid peel may cause further cold sores to appear. \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

--