patient profile

Name:	DOB:	Age:	Sex:
Address:			
City: State: Zip:		E-mail:	
Are you pregnant or lactating? YesNo	(Please consult with vo	our obstetrician. Only	the Oxygenating Trio® or
Detox Gel Deep Pore Treatment is appropr			, 9
Do you wear contact lenses? YesNo()	•	s are sensitive or if ha	ving microdermabrasion.)
 Do you have permanent makeup? YesNo 	=		
Do you currently use or receive depilatories or			
• Do you currently have a sunburn/windburn/			
• Are you in the habit of going to tanning boot			
should be discontinued due to increased ris			'
• Are you applying any topical medications at	_	0 0,	
(High percentages of certain ingredients ma		(/	
Are you currently using any topical Retinoid		Retin-A®/isotretinoin/A	ccutane®/Renova®/
Differin®/Tazorac®/Avage®/EpiDuo™/Ziana®)			
(Discontinue use five days before and after t		-	_
prescription.)		,	
 Are you currently undergoing isotretinoin the 	erapy (Accutane®)? Yes	No For how long?	(It is OK
to apply ONE layer of Ultra Peel® I, Sensi Pe		_	
undergoing isotretinoin therapy (Accutane®)		•	
(Accutane®) should be directed to their di		,	
Have you had a chemical peel or any type or		al device? Yes No	
Within the last 14 days? YesNo What	-		
Do you have regular collagen, Botox® or oth	= =	? Yes No (Peels	should precede or follow
injections by two days to prevent movemen		·	onouna processo or remon
 Have you recently had facial surgery? Yes 			long ago?
Have you recently had laser resurfacing? Ye			
What type of work do you do?		= -	
Do you participate in vigorous aerobic activity			
• Do you smoke or use tobacco? YesNo_			
• Do you develop cold sores/fever blisters? You		ıt?	
 Are you allergic/sensitive to? (Check all that 			
perfumes latex hydroquinone mus			-
 Are you sensitive to alcohol-based products 	•	anorgios, what	
 Have you ever used any other products that 		Yes No Describe	ž
 Are you taking any medication at this time? 			
What is your hereditary background?	(antibiotios may morodos	, conditivity)	
Natural eye color: Blue Green Haze	I Gray It Brown	Med Brown [)k Brown
Natural hair color: Blond Red Lt. Brown			
Skin tone: Pale/White Light Medium			-
Dark Olive Lt. Brown Med. Brown_			Silve Ivica. Oilve
Do you consider your skin: Sensitive Re		DIACK DIACK	
Describe your skin (check all that apply): Normal		nination Thick Th	in Sagay Firm
Oily Acne Comedones/Blackheads_			
Small pores Florid Rosacea Ecz			
Hyperpigmentation Perfume-stained			
Patchy dryness Sallow Psoriasis			
Telangiectasia/broken surface capillaries		oisture AspriyAlate	u
What are the changes you'd most like to see			
Patient Signature:	Date:		
Clinician Signature:	Date:		

consent form

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy (if so, consult your physician prior to treatment), recent facial surgery, allergies, tendency to cold sores/fever blisters, or use of topical and/or oral prescription medications such as: tretinoin, Retin-A®, isotretinoin, Accutane®, Differin®, Tazorac®, Avage®, EpiDuo™ or Ziana®.

I understand there may be some degree of discomfort such as stinging, pin-prickling sensation, heat or tightness.

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc.

I understand I may or may not actually peel and that each case is individual. I understand that the amount of peeling does not correlate with degree of improvement.

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that to achieve maximum results, I may need several treatments.

I understand that although complications are very rare, sometimes they may occur and that prompt treatment is necessary. In the event of any complications, I will immediately contact the physician/clinician who performed the treatment.

I agree to refrain from tanning in tanning beds or outdoors while I am undergoing treatment and during the 14 days, prior to and following the end of treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.

I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of sunscreen protection with a minimum of SPF 30 is mandatory.

I have not had any other chemical peel of any kind within 14 days of this treatment. I understand I cannot have another chemical peel within 14 days of this treatment, whether it is performed at this location or any other location.

I understand that I should follow my clinician's recommendations for post-procedure skin care to minimize side effects and maximize results.

I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-peel care instructions as I am directed.

Signature:	Date:
Initials:	
Signature of Clinician:	
Signature of Witness:	

Continued Treatment

Con	isent
Date	Initials

preparation for a peel treatment

You will be having a light peel treatment on the day of your appointment. Please follow the outline below to prepare.

• Use of PCA SKIN® daily care products prior to your peel will prepare the skin, allow for better treatment results and reduce the risk of complications. This is recommended but not mandatory. Please consult your physician or skin care clinician for appropriate recommendations for your skin type and condition.

It is recommended that you take the following into consideration:

- For best results and to reduce the risk of complications, it is recommended that you use PCA SKIN daily care products 10 to 14 days prior to treatment.
- If you are lactating, pregnant or may be pregnant, only an Oxygenating Trio® or Detox Gel Deep Pore Treatment is appropriate. Consult your OB/GYN before receiving any treatment.
- Do not go to a tanning bed two weeks prior to treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.
- It is recommended that extended sun exposure be avoided, especially in the 10 days prior to treatment.
- It is recommended to delay use of tretinoin, Retin-A®, Renova®, Differin®, Tazorac®, Avage®, EpiDuo™, Ziana® and high-percentage AHA and BHA products for approximately five days prior to treatment. Consult your physician before temporarily discontinuing use of any prescription medications.

PCA SKIN superficial peels result in little to no downtime but create dramatic and visible results. Treatments may cause slight redness, tightness, peeling, flaking or temporary dryness. Most patients find it unnecessary to apply makeup, as the skin will be smooth, dewy and radiant following your treatment. If you would like to apply makeup, allow approximately 15 minutes for the pH of the skin to stabilize before applying foundation.

post-procedure skin treatment tips

for two days post-procedure:

- Stay cool! Heating internally can cause hyperpigmentation.
- Do not put the treated area directly into a hot shower spray.
- · Do not use hot tubs, steam rooms or saunas.
- · Do not go swimming.
- Do not participate in activities that would cause excessive perspiration.
- Do not use loofahs or other means of mechanical exfoliation.
- Do not direct a hair dryer onto the treated area.
- Do not apply ice or ice water to the treated area.

general guidelines:

- After receiving a PCA SKIN® professional treatment, you should not necessarily expect to 'peel'. However, light flaking in a few localized areas for several days is typical. Most patients who undergo these treatments have residual redness for approximately one to twelve hours post-procedure.
- As with all peels and treatments, it is recommended that makeup not be applied the day of treatment, as it is ideal to allow the skin to stabilize and rest overnight; however, makeup may be applied 15 minutes after the treatment if desired.
- To minimize side effects and maximize results use the Post-Procedure **Solution** for three to five days or until flaking has resolved.
- If the skin feels tight, apply ReBalance for normal to oily skin types or Silkcoat® Balm for drier skin types to moisturize as needed. For maximum hydration, you can apply Hydrating Serum under ReBalance or Silkcoat® Balm.
- Moisturizer should be applied at least twice a day but can be applied more frequently for hydration and to decrease the appearance of flaking.
- It is recommended that other topical, over-the-counter medications or alpha hydroxy acid products not be applied to the skin seven days post procedure, as they may cause irritation.
- It is recommended to delay use of tretinoin, Retin-A®, Differin®, Renova®, Tazorac®, Avage® EpiDuo™ or Ziana® five days post-procedure. Consult your physician before temporarily discontinuing use of any prescription medications.
- Avoid direct sun exposure and excessive heat. Use Weightless Protection SPF 45, Perfecting Protection SPF 30, Protecting Hydrator SPF 30 or Hydrator Plus SPF 30 for broad-spectrum UV protection.
- Do not go to a tanning bed for at least two weeks post-procedure. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.
- Do not pick or pull on any loosening or peeling skin. This could potentially cause hyperpigmentation.
- Do not have electrolysis, facial waxing or use depilatories for approximately five days.

Do not have another treatment until your clinician advises you to do so.