

Vi Peel[®] Informed Consent



LAST NAME: _____ FIRST NAME: _____

TODAY'S DATE _____ DOB: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

REFERRAL: _____

Peel Type: Vi Peel _____ Vi Peel Precision _____ Vi Peel Precision Plus _____ Vi Peel Purify _____

Skin Type: Oily _____ Dry Sensitive _____ Combination _____ Very sensitive _____ Ultra Dry _____

Skin Condition: Rosacea _____ Melasma _____ Acne _____ (Acne Grade) _____ Sun/Age Spots _____

Physician/Aesthetician only

1-Are you current using? Please circle

Retinol- **No Yes** (if yes, when last time used?) _____

Retin-A- **No Yes** (if yes, when last time used?) _____

Hydroquinone- **No Yes** (if yes, when last time used?) _____

2-Are you using any type of medication? No Yes

(If yes, list and explain) _____

3-Have you ever had or have the following: Please circle

Hives- Rash- Swelling- Irritation

4-Do you have an allergy to any of the following? Circle

Latex- Aspirin-

Cosmetics (list)_____

Medication (list)_____

Other (s)? (list)_____

5-For women only: Circle

- 1- Are you pregnant? **NO YES**
- 2- Do you suspect to be pregnant? **NO YE**
- 3- Are you breasting feeding? **NO YES**

6- Are you under a Doctor's care?

NO YES If yes, specify_____

7-Have you preciously had?

Chemical Peel **NO YES** What type and When? _____

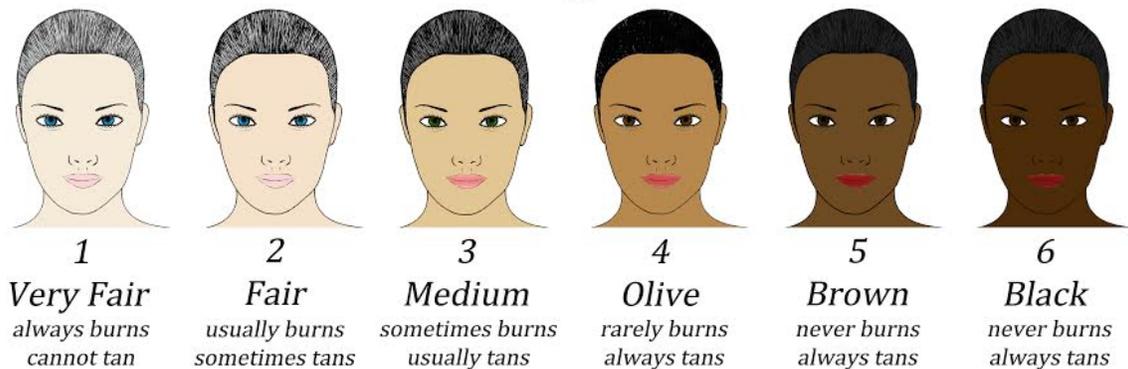
Laser resurfacing? **NO YES** What type and When? _____

Microdermabrasion? **NO YES** What type and When? _____

Facial surgery? **NO YES** What type and When? _____

8-How do you tan? (Fitzpatrick scale), please Circle

Skin Types



VI Peel Consent Form

The VI Peel contains a synergistic blend of powerful ingredients suitable for all skin types. VI Peels will improve the tone, texture and clarity of the skin; reduce age spots, improve hyperpigmentation (including melasma), soften lines and wrinkles; clear acneic skin conditions; reduce or eliminate acne scars; and stimulate the production of collagen, for firmer, more youthful skin.

Contraindications:

- Patients who are pregnant or who are breast feeding
- Patients who have an aspirin allergy or phenol allergy
- Patients who have used Accutane within the past 3 months
- Patients who on any medications that causes photosensitivity
- Patients who have active cold sores, warts, open wounds or history of herpes simplex
- Patients who are undergoing chemotherapy and or radiation therapy
- Patients with a history of an autoimmune disease or any condition that may weaken their immune system

Please read and initial the following

____ Prior to receiving treatment I have communicated with the Physician/Clinician about any conditions or medications that may contraindicate this procedure.

____ I understand that there may be some degree of discomfort such as burning, stinging, redness, heat or tightness during and a week after the procedure.

____ I understand that there is no guarantee of the final results of the peel. Occasionally hyperpigmentation may develop which may persist for week or months after the peel.

____ I understand although complications are very rare, sometimes they may occur. In the event of any complications, I will immediately contact the Physician/Clinician who performed the treatment.

____ I understand that maintenance VI Peel treatments are necessary to maintain results as well as the recommended VI DERM skin care regimen.

I understand the extended direct sun exposure including tanning beds are strictly prohibited before and after receiving the VI Peel.

____ I understand that I must protect my skin with VI DERM SPF 50+ and avoid sun exposure during the exfoliation process. I understand that this is an elective cosmetic procedure and is non-refundable. I understand payment is my sole responsibility.

NAME _____ Signature _____