# patient profile

Name:	DOB:	Age: Sex:
Address:		
City:	State:	Zip:
Phone:		
<ul> <li>About You:</li> <li>What is your hereditary background? (circle Mediterranean / Hispanic / Native American)</li> <li>Natural eye color: <ul> <li>Natural hair color:</li> <li>Do you consider your skin (circle the best of Describe your skin (circle all the apply): Norn Firm / Oily / Acne / Comedones/Blackheads Small pores / Rosacea / Eczema / Freckled Hypopigmentation / Uneven/Blotchy / Mature Dehydrated/Lacking moisture / Asphyxiated</li> <li>What are the changes you'd most like to see</li> </ul> </li> </ul>	n / Middle Eastern / African Americal potion): Sensitive / Resilient / Unsure mal / Dry / T-Zone/Combination / Tl s / Milia / Cysts / Breakouts / Acnes l / Sun-damaged / Melasma / Hyper ure / Wrinkled / Patchy dryness / Sal d / Telangiectasia/Broken surface ca	n / Other  hick / Thin / Saggy / scarred / Large pores / pigmentation / llow / Psoriasis /
<ul> <li>Lifestyle:</li> <li>Are you pregnant or lactating?</li> <li>(Please consult with your obstetrician. Or Pore Treatment or Hydrate: Therapeutic Oat</li> </ul>		□ No □ Yes Deep
• Do you wear contact lenses? (Remove contacts if eyes are sensitive or if	f having microdermabrasion.)	☐ No ☐ Yes
<ul> <li>Do you currently have a sunburned/windbur Why?</li> </ul>		□ No □ Yes
<ul> <li>Are you in the habit of going to tanning boot (If within past 14 days, decline treatment. The increased risk of skin cancer and signs of ag</li> </ul>	nis practice should be discontinued	□ No □ Yes due to
<ul> <li>Do you participate in vigorous aerobic activi What type?</li> </ul>		□ No □ Yes
• Do you smoke or use tobacco?		□ No □ Yes
What kind of work do you do?		
• On average, how many hours per week do y	you spend outdoors?	

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Sare			
cians (	Patient Signature:	Date:	
Physicians	Clinician Signature:	Date:	
(0)			

### 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 SPF of 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 Consent

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<sup>®</sup> 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<sup>®</sup>, Differin<sup>®</sup>, Renova<sup>®</sup>, Tazorac<sup>®</sup>, Avage<sup>®</sup>, EpiDuo<sup>™</sup> or Ziana<sup>®</sup> 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.