

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 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 that the amount of peeling does not correlate with degree of improvement.

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

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 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 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.*

Initials: \_\_\_\_\_

Signature of Witness:\_\_\_\_\_

[illegible]