

This document contains 6 pages:

- 1 copy of Treatment Consent Form - **Technician's Copy**
- 2 copies of Contraindications Forms (**1 for Technician and 1 for Client**)
- 2 copies of Client Post-Treatment Instructions (**1 for Technician and 1 for Client**)
- 1 Copy of General Post-Peel Information- **Client Copy**

Treatment Consent Form – Technician’s Form

For BioActive Peel

Skin Conditions:

- ☐ Superficial Wrinkles, Fine Lines
☐ Acne / Acne Prone / Rosacea
☐ Hyperpigmentation (sun or brown spot)

The treatment you will receive is a clinical treatment designed to exfoliate or remove the outer (epidermal) layers of the skin. Depending on the treatment, you may experience some temporary burning, itching, stinging or warm flushing. This will fade within 5-10 minutes. During the next few hours you may experience some tightening of the skin, which may last for several days. For some patients, a light flaking may begin within 48 hours. It is impossible to pre-determine how much peeling will occur. The shedding process usually subsides within 2-3 days. Infrequently, a small scab or blister may develop (usually over pre-existing lesions, such as acne or a scaly patch). If this occurs, it should not result in permanent mark as long as you do not tamper with the spot (since scarring can occur as a result of manipulation by the patient, i.e. picking it) and you must notify the office immediately.

Your full participation in this skincare treatment will determine the success of the outcome. It is important that you strictly adhere to the homecare produce and regimen that your Professional Skin Therapist (PST) has recommended. It is possible to have a poor reaction or less skin improvement than expected. No guarantee is made or implied as to the precise results, peeling times or discomfort.

Please initial those which apply:

- ☐ I am not pregnant
☐ I am not allergic to aspirin
☐ I have not used Retin-A for one week
☐ I do not have any active cold sores
☐ I have not used Accutane in the past year
☐ I agree to follow the prescribed protocol
☐ I agree to avoid direct sun for two weeks
☐ I agree to notify my PST of concerns
☐ I agree not to wax for 72 hours
☐ I agree to apply sunscreen protection daily (SPF 30 or higher)

I release and indemnify Renu Day Spa and Dermalogica from any liability and claims whatsoever arising out of or related to any loss, damage or injury that I may sustain while participating in this treatment.

Client (Print Name) _____ Signature _____ Date _____
Witness (Print Name) _____ Signature _____ Date _____

Contraindications – Technician's Form

If any of these contraindications are present, you **can not** have a bioactive peel. Instead you should ask for a recommendation for an alternate treatment or reschedule your appointment if the contraindication will clear within a few days or weeks.

You can not have a **BioActive Peel** if you:

- are allergic to any of the ingredients in the BioActive Peel. (Please let us know if you have any history of allergies to skincare products.)
- are allergic to Aspirin
- have received a cosmetic or resurfacing skin procedure such as laser, light therapy, chemical peel or microdermabrasion within the last two weeks
- have received Botox or other injectable procedures within the last 5 days. BioActive Peel may be performed before injections or one week after injections
- have wax an area on your face in the last 72 hours
- are taking (or have taken) Isotretinoin (Accutane) currently or within the last 6 months
- have received a professional exfoliating treatment (scrub, enzyme or Hydroxy Acid) or have used an exfoliating, Vitamin-A derived product or medication within the last week
- have experienced direct sun exposure or have sunburned skin two weeks before treatment or plan on sun • have highly sensitized or irritated skin and the skin's barrier is compromised
- have a contagious skin disease or infection (such as an active cold sore breakout)
- have open cuts, wounds or abrasions on your skin
- are pregnant or lactating
- appear to be emotionally unstable

I have received a copy of the Contraindication Instructions for the BioActive Peel.

Client (Print Name) _____ Signature _____ Date _____

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Client (Print Name) _____ Signature _____ Date _____

Client Post-Treatment Instructions – Technician’s Form

For BioActive Peel

- On the night of the treatment, rinse face with cool water. Moisturize skin with a barrier protecting moisturizer such as **Barrier Repair**. This will help soothe skin tightness.
- Increase your fluid intake for the next 2-3 days.
- Do not use any type of exfoliating product on the treated area for 3-4 days post treatment until the skin shows no signs of sensitivity.
- Avoid daylight exposure for 2-3 weeks. Wear a 3-inch wide brimmed hat if necessary when going out into sunlight. Always wear physical SPF 30 (or higher) sunscreen
- Expect to begin peeling at 2-3 days. DO NOT pick or peel loose skin. This could cause post-inflammatory
- Expect to peel for approximately 1-1.5 weeks. Continue to moisturize the treated area for the duration of the peeling process. (TIP: Spritz with **Ultracalming Mist** and apply **Skin Hydrating Booster** or a heavier weight moisturizer throughout the day to maintain hydration and decrease the appearance of flaking.) • Once the skin has returned to normal, return to your regular skin routine that has been recommended by your Professional Skin Therapist.

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General Post-Peel Information - Client's Form

For BioActive Peel

Series Information

For best results with the **BioActive Peel**, perform a series of 3-6 treatments depending on your level of concern. Multiple series may be performed to achieve the desired result. We recommend a series of **BioActive Peel** treatments in the spring, fall and winter as this will minimize exposure to the sun and decreases risk of photosensitivity. (It is important to delay your treatments if you will be spending significant time in the sun at any time of year.)

SKIN CONCERN	WHEN TO PERFORM SUBSEQUENT TREATMENTS
Aging/Pigmentation	2-4 weeks apart
Sensitive Skin	3-4 weeks apart
Acne/Congestion	2-4 weeks apart
Normal/Maintenance	4+ weeks apart

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- have experienced direct sun exposure or have sunburned skin two weeks before treatment or plan on sun exposure in the two weeks following treatment
- have highly sensitized or irritated skin and the skin's barrier is compromised
- have a contagious skin disease or infection (such as an active cold sore breakout)
- have open cuts, wounds or abrasions on your skin
- are pregnant or lactating
- appear to be emotionally unstable