

Informed Consent to Treat: Skincare Procedure



I have been informed of the risks associated with cosmetic skincare including:

- **Discomfort** - generally minimal and subsides after a short duration
 - **Swelling** - occurs rarely and is usually minimal. Swelling subsides in a few hours to a few days.
 - **Reddening** - Red discoloration may persist anywhere from a few minutes to several days.
 - **Demarcation** - Difference in color, texture, or pigmentation that may occur at the junction between the treated and non-treated skin areas.
 - **Existing Blemishes** - Moles, blood vessels (telangiectasias), freckles and sun spots may become more obvious and darker since layers of dead skin have been removed.
 - **Eye Injury** - Caused by chemicals getting into the eye, scarring and vision disturbances may occur. Protective safety goggles are recommended to be worn by you, the patient, while chemicals are being used during all Superficial Chemical Peel(s).
 - **Scarring** - Not common, but may occur.
 - **Pigmentation** - Rare and usually temporary. Possible permanent changes in the color of the skin could occur.
 - **Milia** - May occur, but will usually disappear quickly.
 - **Infection** - Extremely uncommon, but may arise. An outbreak of herpes may occur in affected individuals (if you are prone to cold sores, ask your physician for medication).
 - **Hair Growth** - IF the derma planing phase of the SkinCeuticals Micropeel is administered, hair is expected to grow back blunt-ended. New hair will not be darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern and can cause a darker and denser restoration process.
- I have not had UV exposure on the treatment area(s) for at least 7 days prior to my treatment and I will avoid UV exposure for 7 days after my treatment.
 - I have not experienced a UV tan or burn for at least 2 weeks prior to my treatment.
 - I have not applied any self-tanning products within the last 7 days.
 - I did not experience any serious adverse reactions from my previous laser treatment.
 - I have not started any new topical or oral medications or skin care programs since my last treatment, and if so, I have written the medications in the "Notes" section below.
 - I do not have any new medical conditions, and if so, I have written the medical conditions in the "Notes" section below.
 - I have not used any Retin-A (acne treatment), salicylic acid, beta/alpha hydroxy acids, benzoyl peroxide, or other similar prescription or over-the-counter products in the last 7 days.
 - I am not pregnant or on my menstrual cycle.
 - I agree to wear protective eye wear during each treatment. I understand that failure to do so may result in damage to my eyes.
 - I do not have skin cancer.

If any of the above statements is inaccurate then I understand that Simplicity strongly recommends I reschedule my treatment. If I choose to continue with my treatment then I accept:

1. the increased likelihood of experiencing the side-effects listed above; and
2. the increased likelihood that I will not receive optimal results from this treatment; and
3. that my money will not be refunded due to side-effects or lack of desired results.

N U F A C E[®]

Consent Form

If you have any of the following conditions we are unable to treat you with the NuFACE device.:

- Pregnant
- Subject to Epilepsy
- Active cancer including skin cancer
- Implanted defibrillators/stimulators
- Implanted Electric Device

I understand the intended use of the NuFACE device and the instructions for treatment.

I am over 18 years old.

I understand that I should drink at least 16 oz. of water after receiving the NuFACE device treatment to aid the detoxification process.

NuFACE is USA FDA cleared for facial toning and stimulation.

Client Signature	Date	Notes	Tech Initials