

ACNE TREATMENT CONSENT FORM

An acne treatment may consist of surface cleansing, mild chemical peels or steam and exfoliation, application of antibacterial serums, corrective serums and extractions. Treatments take approximately 20 to 45 minutes to complete and are designed to balance, hydrate, clear acne impactions and prepare the skin for the home care regimen. Implements and equipment used in all this facility are disposable or properly sterilized according to the State Board of Cosmetology regulations.

IMPORTANT: PLEASE READ CAREFULLY and initial		
I have not been exposed to excessive sun and my skin	does not feel sensitive or irritate	d in any way.
I have not had any other chemical peel of any kind, wit	hin 14 days of this treatment.	
I have not had any facial waxing, within seven days of	this treatment.	
I have informed the clinic of all health problems of whi	ch I am aware, including herpes	simplex/cold sores.
I have informed the clinic of any use of oral or topical r	medications I may be using includ	ding Retinoids
(Retin-A, Renova, Avita, Differin, Tazorac) or Accutane.		
I understand that controlling acne/problem skin is best compliance to the home care product program recommended.	_	
I understand that I will probably not experience much		
procedure if I follow my homecare instructions carefully.	visible peemis, maxing, discolorat	tion of inflation following time
WARNINGS: PLEASE READ CAREFULLY and initial		
Avoid direct sunlight or tanning booths for at least thre	ee days following a treatment.	
Use of sunblock protection of at least a SPF 30 is neces	sary following all treatments.	
Do not pick your skin following a treatment.		
PRODUCT RETURN GUIDELINES: PLEASE READ CAREFULLY a	nd initial	
Face Reality Skin Care products are clinical-strength a	ctive formulas designed to treat	problem skin conditions. Tingling
sensations are normal with product application but should not be painful. If you are experiencing stinging and irritation with any		
product, stop using the product and call your esthetician for further instruction.		
Products may be returned within 30 days for a full ref	fund, provided they have not bee	en opened and/or used. If products
have been opened or used it is mandatory to speak with an e	esthetician to obtain authorizatio	on to return that product.
RESCHEDULING GUIDELINES AND LATE POLICY: PLEASE REA	D CARFELLLY and initial	
A 24-hour rescheduling notice is required. We realize		considered but reserve the right
to charge a \$50.00 fee for missed appointments without a 24		
guarantee that we will be able to fit your appointment into t		
will be a \$50 fee charged for the missed appointment.	, , , , , , , ,	
20 4 700 .00 0 800 .0		
L	, consent to photographs tak	en of my face to be used for
monitoring treatment progress.		, 1, 1
I hereby agree to all of the above and agree to have this trea	tment be performed on me. I fur	ther agree to follow all post-
treatment care instructions as I am directed.		
Name:		Date:
Address:	City:	State: zip:
Signature of Client:		
Signature of Esthetician:		-

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