VI PEEL

VI Peel® Consent Form

PATIENT NAME _____ **DATE** _____

The VI Peel contains a synergistic blend of powerful ingredients suitable for all skin types. VI Peel will improve the tone, texture and clarity of the skin; reduce age spots, improve hyperpigmentation (including melasma), soften lines and wrinkles; clear acne skin conditions; reduce or eliminate acne scars; and stimulate the production of collagen, for firmer, more youthful skin.

Contraindications:

- Patients who are pregnant or who are breastfeeding
- Patients who have an aspirin, hydroquinone, or phenol allergy
- Patients who have used oral isotretinoin (Accutane) within the past 6 months
- Patients who have active cold sores, warts, open wounds, or history of herpes simplex
- Patients who are undergoing chemotherapy and or radiation therapy within 6 months
- Patients with a history of an autoimmune (i.e. Lupus) or liver disease/disorder, as well as, any condition that may weaken their immune system

_____ Prior to receiving treatment I have communicated with the Practitioner about any conditions or medications that may contraindicate this procedure.

_____ I understand that there may be some degree of discomfort such as burning, stinging, redness, heat, or tightness during and a week after the procedure.

_____ I understand that there is no guarantee of the final results of the peel. Occasionally hyperpigmentation may develop which may persist for a week or months after the peel.

_____ I understand although complications are very rare, sometimes they may occur. In the event of any complications, I will immediately contact the Physician/Clinician who performed the treatment.

_____ I understand if I have any acne condition in the skin, the peel may bring out oils and bacteria from below the surface and can cause an actual breakout.

_____ I understand that maintenance of VI Peel® treatments are necessary to maintain results as well as the recommended VI Derm® skin care regimen and SPF 50+.

_____ I understand the extended direct sun exposure including tanning beds are strictly prohibited before and after receiving the VI Peel®.

_____ I understand no activities involving excessive sweating can be done for 72-96 hours (exercise, sauna, hot tub, steam room, and that overheating may cause me to develop blisters or cause hyperpigmentation to worsen.)

_____ I understand that I must protect my skin with VI Derm® SPF 50+ and avoid sun exposure during the 7 day exfoliation process.

_____ I understand that this is an elective cosmetic procedure.

_____ I understand that no other chemical peels, facial machine brushes, or medical device (laser, IPL, etc) treatments may be performed on my skin until my physician/clinician releases me to do so.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement in its entirety. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

PRINTED PATIENT NAME	PATIENT SIGNATURE	DATE
PRINTED PRACTITIONER NAME	PRACTITIONER SIGNATURE	DATE
PEEL TYPE	LOT #	EXP. DATE

VI PEEL

Patient Intake Form

Date: _____ Patient Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ Email Address: _____

1. Circle all skin concern(s) that you are seeking improvement upon.

PIGMENT AGING ACNE ROSACEA OTHER: _____

2. How would you describe your skin? DRY NORMAL COMBINATION OILY

3. Are you prone to cold sores? **If yes, when was your last outbreak and what medication do you use?** YES NO

_____

4. Do you have permanent makeup? YES NO

5. Do you wear contacts? YES NO

6. Have you recently had facial or body waxing, or used at home depilatories? YES NO

7. Do you have extended outdoor plans in the next 7 days? YES NO

8. Do you currently have sunburn or wind burned skin? YES NO

9. Have you tanned or used self-tanner in the last 7 days? YES NO

10. Do you plan to participate in vigorous exercise in the next 72 hours? YES NO

11. Have you had any active skin care treatments in the past 21 days? YES NO
(Includes physical exfoliants, acids, retinols/retinoids, dermaplaning, lasers, chemical peels, and microneedling)

If yes, please describe and provide treatment date? _____

12. Have you ever had an issue with a skin care product or treatment before? YES NO

13. List all topical products applied in the last 7 days _____

14. Have you ever had a chemical peel before? **If yes, tell us about the peel and your experience.** YES NO

_____

15. List all prescription medications currently taken and in the past two weeks _____

_____

(NOTE: Patients MUST be off Accutane for 3-6 months prior to peeling)

16. Have you recently undergone any surgery or laser treatments in the area to be treated? YES NO

If yes, please provide detail _____

_____

17. Do you receive injectables? (Botox, fillers) **If yes, what date was the last injectable done?** _____ YES NO

18. Do you have any known allergies or sensitivities? **(Please list)** _____ YES NO

_____

19. Describe your ethnic background (English, Hispanic, Italian, German, Asian, Native American, African American, etc.)

_____