



Anu Singh's Beauty Services

GETGLOWING MICRO-PEEL · CONSENT & RELEASE FORM

The Chemical Peel procedure has been thoroughly explained. I realize that no promises or guarantees have been made. I understand that the treatment may be repeated several times to achieve complete satisfaction. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the GetGlowing Micro-Peel treatment(s).

An acid cream is used to lightly exfoliate the skin's damaged outer layers. The new cells and collagen are stimulated during the healing process to produce a smoother, tighter, younger-looking skin surface. A peel does not eliminate sagging or excess skin. I agree to the following:

- ☐ I am not pregnant or breastfeeding.
- ☐ I am not allergic to Salicylates (aspirin), Kojic acid or Resorcinol.
- ☐ I am currently not taking or using any medications that are contraindicated to receiving a chemical peel, i.e. Accutane or antibiotics.
- ☐ I do not suffer from cold sores / fever blisters or have a history thereof, and if I do, I am taking an antiviral medication.
- ☐ I have not had prolonged sun exposure 2 weeks prior to or 4 weeks post treatment, and I am not using a sun bed.
- ☐ I will be using sun protection of at least SPF 15 daily and will re-apply frequently.
- ☐ I am not a cancer patient, using chemotherapy drugs, undergoing chemotherapy or radiation, and I do not have an autoimmune disease.

INFORMED CONSENT

The Micro-Peel is a Superficial Peel and is a topical exfoliant applied to the skin to soften the dead skin layer and exfoliate the skin. Stimulating cell turnover will help to restore the skin to a more youthful appearance. Many skin conditions such as acne, fine lines and wrinkles, skin discoloration and superficial scarring may be improved when receiving a series of micro-peels (6 or more, as advised by your skin care professional). Because these peels are a light exfoliation of the skin, there is little to no downtime. You may or may not visibly peel.

I understand that following the treatment my skin may appear red, may feel tight and feel like it has slight sunburn.

Possible side effects include and are not limited to: slight or extreme redness, swelling, stinging, itchiness, tenderness, dry or flaking skin. I understand that I am not to pick the flaking skin, as this could cause unwanted pigmentation and infection. Most side effects will gradually diminish over time, as healing may take several days.

The chemical peel treatment has been fully explained and any questions or concerns have been addressed. I acknowledge that no guarantee has been given to me as to the condition of the complexion, skin pore size, wrinkles, or the percentage of improvement expected following treatment, due to each individual's unique reactions.

I understand that no specific results are guaranteed.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND THEREBY CONSENT AND AGREE TO THE TREATMENT WITH ITS ASSOCIATED RISK. I HEREBY CONSENT TO RECEIVE A GETGLOWING MICRO-PEEL.

Patient's Signature

Date

Printed Name