

THE PERFECT PEEL® SUPERBLEND

TREATMENT NOTES TO BE COMPLETED BY AESTHETIC PROFESSIONAL

Name _____
DOB _____
Male Female

Patients concerns/goals _____

Skin Assessment

Fitzpatrick skin type (circle): I II III IV V VI

Check all that apply:

Normal Dehydrated Dry Sensitive Excoriations Rosacea Telangiectasias
Hyperpigmentation Scars Other

Skin Care Products

TREATED AREA

Face Neck Dry Chest Back Other

STEP 1 | PREPPING : Cleanser Acetone Alcohol

STEP 2 | PEELING: Number of Passes 1 2 3

Amount of pressure applied Light Medium Strong

SKIN REACTION

Erythema None Mild Moderate Severe Areas of Affected _____

Burning None Mild Moderate Severe Areas of Affected _____

Frosting None Mild Moderate Severe Areas of Affected _____

Other Yes No

Other (please list)

Post Care Instructions Yes No Date/Lot of Product _____

Practitioner Signature Date