



THE PERFECT PEEL™

THE PERFECT PEEL™ INFORMED CONSENT

1. I authorise The Perfect Peel™ to be applied to my face, neck, hands and/or any other part of the body.
2. Depending on the area to which the chemical peel is applied, there may be redness and/or irritation and discoloration that may persist for several days or weeks.
3. Occasionally hyperpigmentation or hypopigmentation may develop after the peel that might persist for weeks or months.
4. With each chemical peel results are achieved. Nevertheless, no guarantees can be made as to the final results. Any number of chemical peels may be required to achieve desired results; depending on the present skin condition, skin care maintenance program, age and lifestyle of the patient.
5. Once the desired results are achieved, I understand that maintenance peels are necessary to sustain the rejuvenated results. The frequency depends on the individual's own genetics, age, and lifestyle.
6. Once peeling process is complete, it is essential to follow post peel instructions and/or use other products to maintain results and avoid any further complications especially hyperpigmentation.
7. I understand that this peel consists of strong acids such as Trichloroacetic acid (TCA), Phenol, Salicylic acid and Kojic acid among others. The exact composition is proprietary information of The Perfect Peel™ system. Therefore I waive any rights, present or future, that I may have as to request to divulge the exact composition or concentrations.
8. Services are cosmetic in nature and are non-refundable. I understand that payment is my sole responsibility.
9. I understand that pregnancy, breast-feeding, allergy to any of the ingredients and use of Roaccutane during the last 3 months are contraindications to this treatment.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

I certify that I have read and fully understand the above information and that I had sufficient opportunity for discussion and/or to ask any questions.

Patient Name (please print).

Patient Signature. Practitioner Signature

Date.