THE PERFECT PEEL™

THE PERFECT PEEL™ PROGRESS NOTES

TO BE COMPLETED BY MEDICAL PROFESSIONAL

Patient name:	DOB:	Male / Female

Allergies:

Patient concerns and goals:

SKIN ASSESSMENT

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

Check all that apply:

☐ Normal	☐ Sensitive	☐ Telangiectasias	☐ Hyperpigmentation
☐ Oily	☐ Dehydrated	☐ Excoriations	☐ Hypopigmentation
☐ Dry	☐ Rosacea	☐ Scars	☐ Other

HOME PROGRAM

Skin care products:	Retin-A (strength):	Differin: (gel or cream)
	Renova (strength):	Skin lighteners:
	Tazorac (strength):	Other:

Office treatment # _____ of _____ The Perfect Peel™ treatments | Date/lot # _____

Treated area: ☐ Face ☐ Neck ☐ Chest ☐ Hands

STEP 1: PREPPING — Cleanser: _____ Acetone: _____ Alcohol: _____

STEP 2: PEELING

Number of passes:	☐ 1	☐ 2	☐ 3
Amount of pressure applied:	☐ Light	☐ Medium	☐ Strong
The Perfect Plus (booster) used:	☐ Yes	☐ No	

SKIN REACTION

Erythema:	☐ None	☐ Mild	☐ Moderate	☐ Severe	Areas affected: _____
Burning:	☐ None	☐ Mild	☐ Moderate	☐ Severe	Areas affected: _____
Frosting:	☐ None	☐ Mild	☐ Moderate	☐ Severe	Areas affected: _____

Other: Please list: _____

Post care instructions & post treatment products given: ☐ Yes ☐ No

Provider signature: _____ Date: _____