

ACNE TREATMENT CONSENT FORM

An acne treatment may consist of surface cleansing, mild chemical peels or steam and exfoliation, application of antibacterial serums, corrective serums and extractions. Treatments take approximately 20 to 45 minutes to complete and are designed to balance, hydrate, clear acne impactions and prepare the skin for the home care regimen. Implements and equipment used in all this facility are disposable or properly sterilized according to the State Board of Cosmetology regulations.

IMPORTANT: PLEASE READ CAREFULLY and initial				
I have not been exposed to excessive sun and my sl	kin does not feel sens	sitive or irritated in any	way.	
I have not had any other chemical peel of any kind,	, within 14 days of this	s treatment.		
I have not had any facial waxing, within seven days				
I have informed the clinic of all health problems of				
I have informed the clinic of any use of oral or topic	cal medications I may	be using including Ret	inoids	
(Retin-A, Renova, Avita, Differin, Tazorac) or Accutane.				
I understand that controlling acne/problem skin is I	best achieved through	h a series of recommer	ided treatmen	ıts and
compliance to the home care product program recomme				
I understand that I will probably not experience mu		king, discoloration or i	rritation follov	ving this
procedure if I follow my homecare instructions carefully.				
WARNINGS: PLEASE READ CAREFULLY and initial				
Avoid direct sunlight or tanning booths for at least	three days following	a treatment.		
Use of sunblock protection of at least a SPF 30 is no				
Do not pick your skin following a treatment.	secous y rene ming un			
DDODUCT DETUDAL CHINELINES DI FASE DE LA CADEFILIA				
PRODUCT RETURN GUIDELINES: PLEASE READ CAREFULL			1.1	I:
Face Reality Skin Care products are clinical-streng		-		
sensations are normal with product application but shoul			iging and irrita	ition with any
product, stop using the product and call your esthetician			ad and /ana	d 16
Products may be returned within 30 days for a full	· ·			-
have been opened or used it is mandatory to speak with a	an estriction to obta	ann authorization to ret	um mat prout	JCL.
RESCHEDULING GUIDELINES AND LATE POLICY: PLEASE F	READ CAREFULLY and	l initial		
A 24-hour rescheduling notice is required. We rea	alize emergencies hap	pen and will be conside	ered, but rese	rve the right
to charge a \$50.00 fee for missed appointments without	a 24-hour notice. If	you are more than 20 r	ninutes late w	e cannot
guarantee that we will be able to fit your appointment in	to the schedule and y	ou may not be seen. If	we cannot fit	you in there
will be a \$50 fee charged for the missed appointment.				
I	consent to n	hotographs taken of m	v face to he u	sed for
monitoring treatment progress.	, consent to p	notographs taken or m	y race to be as	ica ioi
I hereby agree to all of the above and agree to have this t	treatment be perform	ned on me. I further agr	ree to follow a	II post-
treatment care instructions as I am directed.				
Name:		Dat	e:	
Address:	City:	State	: Zip:	
Signature of Client:				
Signature of Esthetician:				