



Consent Form

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy (if so, consult your physician prior to treatment), recent facial surgery, allergies, tendency to cold sores/fever blisters, or use of topical and/or oral prescription medications such as: tretinoin, Retin-A®, isotretinoin, Accutane®, Differin®, Tazorac®, Avage®, EpiDuo™ or Ziana®.

I understand there may be some degree of discomfort such as stinging, pin-prickling sensation, heat, tightness, redness, bruising irritations or minor breakouts.

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc.

I understand I may or may not actually peel and that each case is individual. I understand that the amount of peeling does not correlate with degree of improvement.

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that to achieve maximum results, I may need several treatments.

I understand that although complications are very rare, sometimes they may occur and that prompt treatment is necessary. In the event of any complications, I will immediately contact the physician/aesthetician who performed the treatment.

I agree to refrain from picking flaky/peeling skin, vigorous exercise, waxing for 48 hours, and tanning in tanning beds or outdoors while I am undergoing treatment 14 days prior to and following the end of treatment. Tanning should be discontinued due to the increased risk of skin cancer and signs of aging.

I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of sunscreen protection with a minimum of SPF 30 is mandatory.

I have not had any other chemical peel of any kind within 14 days of this treatment. I understand I cannot have another chemical peel within 14 days of this treatment, whether it is performed at this location or any other location.

I understand that I should follow my aesthetician's recommendations for post-procedure skin care to minimize side effects and maximize results.

I hereby agree to all of the above and agree to have this treatment performed on me. I except and understand that there are various dangers associated with certain treatments. I freely accept and assume all risk of injury and release Spa Hambrik' and its employees/agents from all liability arising from such treatments.

Cancellation Policy

_____ I understand Spa Hambrik' requires notification of cancellation of a appointment 24 hour prior to service. Or I may be charged the full price of treatment.

Product Return Policy

_____ Medical strength products sometimes result in redness or flaking/mild peeling during the initial period of use. These symptoms generally subside within 7-10 days. I understand that I must make an appointment with my aesthetician in order to discuss use of products and any potential adverse reactions. Product returns must be made within 15 days of purchase for a spa credit only.

Patient Signature: _____

Date: _____

Initials: _____

Signature of aesthetician: _____

