



BEAUTOX BAR

VI Peel™ Consent Form

The VI Peel™ contains a synergistic blend of powerful ingredients suitable for all skin types. VI Peels™ will improve the tone, texture and clarity of the skin; reduce age spots, improve hyperpigmentation (including melasma), soften lines and wrinkles; clear acne skin conditions; reduce or eliminate acne scars; and stimulate the production of collagen, for firmer, more youthful skin.

Contraindications:

- Patients who are pregnant or who are breast feeding
- Patients who have an aspirin allergy or phenol allergy
- Patients who have used Accutane within the past 3 months
- Patients who on any medications that causes photosensitivity
- Patients who have active cold sores, warts, open wounds or history of herpes simplex
- Patients who are undergoing chemotherapy and or radiation therapy
- Patients with a history of an autoimmune disease or any condition that may weaken their immune system

Please read and initial the following:

_____ Prior to receiving treatment I have communicated with the Registered Nurse about any conditions or medications that may contraindicate this procedure

_____ I understand that there may be some degree of discomfort such as burning, stinging, redness, heat or tightness during and a week after the procedure.

_____ I understand that there is no guarantee of the final results of the peel. Occasionally hyperpigmentation may develop which may persist for week or months after the peel.

_____ I understand although complications are very rare, sometimes they may occur. In the event of any complications, I will immediately contact the Registered Nurse who performed the treatment.

_____ I understand that maintenance VI Peel™ treatments are necessary to maintain results as well as the recommended VI DERM™ skin care regimen.

_____ I understand the extended direct sun exposure including tanning beds are strictly prohibited before and after receiving the VI Peel™.

_____ I understand that I must protect my skin with sunscreen and avoid sun exposure during the exfoliation process.

_____ I understand that this is an elective cosmetic procedure and is non-refundable. I understand payment is my sole responsibility.

_____ I understand that no other chemical peels or medical device treatments may be performed on my skin until the Registered Nurse releases me to do so.

Patient signature Date

RN signature Date