

## VI Peel® Consent Form

Patient Name:	Date:
VI Peel® will improve the tone, texture,	end of powerful ingredients suitable for all skin types. , and clarity of the skin; reduce age spots, improve hyperpigmentation wrinkles; clear acne skin conditions; reduce or eliminate acne scars; and or firmer, more youthful skin.
<ul><li>Patients who have active cold sore</li><li>Patients who are undergoing chem</li></ul>	roquinone or phenol allergy inoin (Accutane) within the past 6 months es, warts, open wounds or history of herpes simplex motherapy and or radiation therapy within 6 months mmune (i.e.Lupus) or liver disease/disorder as well as any
Before receiving treatment, I hamedications that may contraindicate the	ave communicated with the Practitioner about any conditions or is procedure.
I understand that there may be tightness during and a week after the p	e some degree of discomfort such as burning, stinging, redness, heat, or procedure.
I understand that there is no gumay develop, persisting for a week or r	uarantee of the final results of the peel. Occasionally, hyperpigmentation months after the peel.
<del></del>	nplications are infrequent, sometimes they may occur. In the event of any ct the Physician/Clinician who performed the treatment.
I understand that if I have any below the surface and cause an actual	acne condition on the skin, the peel may bring out oils and bacteria from breakout.
I understand that maintenance recommended VI Derm® skincare regi	of VI Peel® treatments is necessary to maintain results and the men and SPF 50+.
I understand that extended direction after receiving the VI Peel®.	ect sun exposure, including tanning beds, is strictly prohibited before and
	involving excessive sweating can be done for 72-96 hours (exercise, rerheating may cause me to develop blisters or cause hyperpigmentation
I understand that I must protect seven-day exfoliation process.	et my skin with VI Derm® SPF 50+and avoid sun exposure during the
I understand that this is an elec	ctive cosmetic procedure.
	mical peels, facial machine brushes, or medical device (laser, IPL, etc.) kin until my physician/clinician releases me to do so.



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VI Peel is a blend of TCA or trichloroacetic acid, retinoic acid, salicylic acid, phenol, and vitamin C which work together to safely remove the damaged layers of the skin. Depending on which Vi Peel is used other ingredients may include hydroquinone, kojic acid, benzoyl peroxide and hydrocortisone. VI Peel promotes cellular turnover and refines the surface layer of the skin for a smoother, firmer, clearer and more youthful appearance.

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Retinoic Acid – inhibits melanin (pigment) production and increases cell turnover and exfoliation.

**Trichloroacetic Acid (TCA)** – acts by boosting collagen and exfoliating the skin.

**Salicylic Acid** – works to reduce the bacteria that cause acne by cleansing the pores and reducing inflammation.

**Phenol** – numbs the skin to allow for a pain-free chemical peel application.

**Ascorbic Acid** – a powerful antioxidant that reverses free radicals, evens skin tone, and helps prevent future damage.

**Hydroquinone** helps reduce pigment, helping to lighten and brighten the skin.

**Kojic Acid** – inhibits the production of pigment.

I understand that generally, a series of 3-4 treat However, the number of treatments required will depend Treatments are generally performed once every 2 to 4 w recommended every three months to help prevent skin a	d on each patient's level of skin correction needed. weeks, and maintenance treatments are typically
instructions will be given to me verbally and in written fo	ren and must follow all post-treatment instructions. These rmat, and I have been informed of the VI Peel mobile cructions, all of which are shown in my post-treatment kit.
I understand peeling typically lasts seven days, peeling has subsided. However, continued improvement	and results are generally seen within a week once to the skin may be seen even months after treatment.
The nature and purpose of the treatment have been expethat I completed on "today's date," stated on pages one been answered to my satisfaction, and I consent to the tand their risks and benefits have been explained to me, treatment. I am aware that it is my responsibility to inform of my current medical or health conditions and update meaning caregiver to execute appropriate treatment procedures.	terms of this agreement. Alternative treatment methods and I understand that I have the right to refuse in the technician, esthetician, therapist, doctor, or nurse
PRINTED NAME OF PATIENT (FIRST, LAST)	PATIENT SIGNATURE  (OR SIGNATURE OF LEGAL GUARDIAN IF PATIENT IS UNDER 18)