



Consent for PERFECT DERMA PEEL

Thank you for choosing Alazzo Med Spa, LLC. This form is exclusively related to Chemical Peels. Please read this form thoroughly and ask any questions that you may have prior to treatment. This consent will serve for all Chemical Peel treatments performed and does not need to be renewed. Sign only after you feel comfortable enough to get started.

The treatment was explained to me in detail.

The benefits of what I can realistically expect to see from my Peel have been fully explained to me.

TREATMENT (Please select one)

- ORMEDIC LIFT
- SIGNATURE LIFT
- LIGHTENING LIFT
- WRINKLE LIFT
- ACNE LIFT
- ACNE ADVANCED LIFT
- IMAGE PERFECTION LIFT
- THE PERFECT DERMA PEEL

SKIN CONDITION (Please select all that apply)

- SUPERFICIAL WRINKLES, FINE LINES
- DEEP WRINKLES, FINE LINES
- ACNE OR ACNE PRONE
- DEEP HYPERPIGMENTATION (sun or brown spots)
- SEVERE PHOTOAGING
- ROSACEA
- DEHYDRATION
- ACNE SCARS
- UNBALANCED SKIN

PRECAUTIONS (please read carefully)

The Treatment you will receive is a clinical treatment designed to exfoliate or remove the outer layers of the skin.

Your participation in your skni care treatments will determin the outcome. It is important that you strickly adhere to your home care products that your esthetician has recommended.

No gurantee is expressed or implied as to the precise results, peeling times or discomfort.

During the treatment, you may experience some temporary stinging or warm flushing. This will fade within a few minutes.

During the next few hours, you may experience some tightening of the skin, which may last for several days.

For most patients, flaking begins within 48 hours. It is impossible to pre-determine how much peeling will occur. The shedding process usually subsides within 5-7 days.

Depending on the clinicla peel performed and your skin quality, the following reactions may occur in some patients: 1) prolonged redness, irritation & flakiness 2) dryness and sensitivity 3) severe allergic reactions in rare instances

I AM NOT PREGNANT

If you have any questions after reading these guidelines, please do not hesitate to call us for clarification.

Alazzo Med Spa, LLC, 8927 Fingerboard Rd., Suite E, Frederick, MD 21704

(301) 810-5740

www.alazzospa.com



Consent for PERFECT DERMA PEEL

- I AM NOT ALLERGIC TO ASPIRIN
- I HAVE NOT USED GLYCOLIC FOR 24 HRS
- I HAVE NOT USED RETINOL PRODUCTS FOR 72 HRS
- I HAVE NOT TAKEN ACCUTANE IN THE PAST YEAR
- I AGREE NOT TO PICK, PEEL, OR SCRATCH THE SKIN DURING HEALING PHASE
- A PRIOR PATCH TEST HAS BEEN GIVEN TO ME TO RULE OUT ANY ALLERGIC TENDENCIES
- I AGREE THAT I CURRENTLY DO NOT USE HYDROCORTISONE
- I DO NOT HAVE ACTIVE COLD SORES
- I HAVE NOT RECEIVED RADIATION TREATMENTS
- I AGREE IT IS MANDATORY TO USE IMAGE POST PEEL KIT
- I AGREE TO AVOID DIRECT SUN EXPOSURE FOR 2 WEEKS
- I AGREE TO NOTIFY PROVIDER OF ANY CONCERNS
- I AGREE TO APPLY SPF DAILY
- I AGREE NOT TO WAX FOR 7 DAYS PRE/POST TREATMENT
- I AGREE TO FOLLOW UP WITH SCHEDULED APPOINTMENT
- I AGREE NOT TO USE RETIN-A PRODUCTS 5 DAYS PRE/POST TREATMENT

I AM UNDER THE SUPERVISION OF A PHYSICIAN AND HAVE DISCUSSED THE TREATMENT PLAN WITH MY PHYSICIAN

I hereby give my consent and authorization voluntarily and release Alazzo Med Spa, LLC from any claims, implied or stated that I have or may have in the future with this treatment, regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand.

Client Signature: _____ Date: _____

Witness: _____ Date: _____

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