

# SORELLA

A P O T H E C A R Y

## *peel consent form*

I have not been waxed in the past 7 days & will avoid waxing for 7 days after

I have not been overly exposed to the sun in the last 2 weeks (If sunburned, skin must be fully healed before receiving peel treatment)

I have not taken Accutane in the past year

I have not had a chemical peel or a professional treatment (medical device) in the last 14 days

I have not used glycolic acid for 24 hours

I have not used retinol products for 72 hours

I have not used products containing intensive exfoliating ingredients that would compromise my skin in the past 72 hours

I am not pregnant or breastfeeding (If so, consult physician prior to treatment)

I do not have active cold sores. (We recommend taking an over-the-counter antimicrobial (Lysine) a few days prior and post to prevent cold sores)

A patch test has been given to me to rule out any allergic reactions

I am not taking antibiotics (Antibiotics may increase sensitivity)

I understand a small amount of discomfort and flushing may be part of the chemical treatment. Stinging, heat, and tightness are all normal

I understand that I may or may not physically peel and each case depends on the individual's personal variables

I agree to avoid direct sun exposure for two weeks preceding my treatment, and the daily use of sunscreen protection (minimum SPF 30) is mandatory

I understand that I should follow my pre and post-procedure recommendations to maximize results and ensure proper healing

I have received the Pre & Post Treatment Recommendation Card

Signature:.....

Date:.....