

PEEL

INFORMED CONSENT FORM

Please initial and sign below.

___ I am not pregnant or trying to become pregnant.

___ I have informed my therapist of all allergies from which I suffer (including food and latex allergies). Those allergies are: _____

___ I have completed the client information form accurately.

___ I have been candid in revealing any condition that could prohibit this treatment such as cold sores, pregnancy, use of hormones, recent facial surgery, laser resurfacing, recent use of Retin A, or use of Accutane within the last 12 months.

___ I understand that results from this treatment are not guaranteed and may vary. Many variables such as age, sun damage, ongoing sun exposure, smoking, alcohol consumption, climate, diet and water intake, skin thickness and sensitivity, effect results. I understand that I may or may not be eligible for my "peel" today and that each case is individual.

___ Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the Peel and accept sole responsibility of any medical care that may become necessary. I will immediately communicate with the Esthetician performing the treatment of any adverse reactions, both during the treatment and the coming days.

___ I will not scratch, pick, pull at or abrade the treated skin, as it will be very delicate and vulnerable after a Peel.

___ I understand that direct sun exposure and use of tanning booths is prohibited during this treatment recovery time, and I must use of SPF 15 sun protection daily, or as directed by my Esthetician.

___ I understand to achieve maximum results, the recommended home care routine must be followed. I understand that if I alter the routine or use products not recommended by the Esthetician the results could be altered or inhibited. I also understand that it may take several treatments to obtain the desired results.

___ I understand that the following side effects or complications may occur:

1. Discomfort
2. Redness and swelling
3. Hypopigmentation and/or hyperpigmentation
4. Itching or irritation
5. Skin peeling or flaking up to 14 days after the procedure
6. Infection
7. Scarring
8. Acne Breakouts

___ I understand the goals of the treatment as well as the limitations and possible complications.

___ The Esthetician has provided the information and has answered all my questions concerning this procedure. I clearly understand the above information.

In consideration for receiving services at milk + honey, I hereby release, waive, discharge, and covenant not to sue Spa Partisan, Inc., its officers, agents, servants, and employees or other business entities owned, operated or controlled either in whole or in part by Spa Partisan Inc. from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on milk + honey premises. I am fully aware of the risks involved and hazards connected with spa and salon treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

milk + honey®

SPA | RETREAT | SHOP