



Informed Consent

Glo Skincare Boutique professional treatments provide an excellent solution for overall skin rejuvenation and can improve the appearance of fine lines and wrinkles, acne, acne scarring, photo-damage and hyperpigmentation. I understand that individual results will vary and multiple peel treatments may be necessary to achieve maximum results. A guarantee cannot be made about the degree of improvement.

(Please read and initial each line)

_____ I have been advised that my peel treatment can consist of any of the following: glycolic acid, mandelic acid, salicylic acid, lactic acid, citric acid, resorcinol or retinol, and I have no known allergies to any of these ingredients.

_____ I have discussed any pre-existing medical conditions and associated treatment contraindications with my physician.

_____ I have been informed of the treatment contraindications and possible complications by my skin care therapist and/or physician. I have been given the opportunity to discuss any additional concerns and questions and my questions have been answered to my satisfaction.

_____ To the best of my knowledge I am not:

• Prone to cold sores/fever blisters	• Allergic to aspirin
• Taking or have taken Accutane in the past 12 months	
• Currently pregnant or breast feeding	

_____ In the past week I have not received any of the following treatments:

• Chemical Peel/Skin Treatment	• Laser Hair Removal
• Depilatory Creams/Waxing	• Electrolysis

_____ I will take extra precautions to avoid sun exposure after my treatment and wear sun protection.

_____ I understand skin peeling can occur, however, lack of peeling is not an indication that the treatment was unsuccessful. If skin peeling occurs, I am not to pick the peeling skin as this can lead to scarring or infection.

By my signature below, I acknowledge that I have read this Glo Skincare Boutique Treatment - Informed Consent and understand it. I acknowledge that I have fully disclosed all necessary information when filing out the Skin & Health Questionnaire and I will inform my skin care therapist or physician of any changes. I acknowledge that I understand and will follow all pre/post treatment recommendations, including, but not limited to use of skin care products as home care to enhance results and minimize side effects, such as daily application and reapplication as needed of a broad spectrum SPF 30+. I have been adequately informed of the risks and benefits of the peel treatment and would like to proceed with the Glo Skincare Boutique professional peel treatment.

Signature

Date