

SKINCYCLE

for all of your skin cycles

SkinCycle Treatment Informed Consent Form

You (client) consent to your treatment, which may consist of the following: surface cleansing, mechanical or chemical peels, exfoliation, and application of correct serums and/or extractions. Treatments take approximately 20-45 minutes to complete and are designed to balance, hydrate, and prepare the skin for home care treatments. Implements and equipment used in this facility are disposable or properly sterilized according to State Regulations.

IMPORTANT: PLEASE READ CAREFULLY & initial below.

_____ I have not been exposed to excessive sun and my skin does not feel sensitive or irritated in any way.

_____ I have not had any chemical peels or facial waxing of any kind within 14 days of this treatment.

_____ I have informed the clinic of all health problems of which I am aware.

_____ I have informed the clinic of any use of topical medications I may be using that include Retinoids (Retin-A, Renova, Avita, Differin, Tazorac, or Accutane).

_____ I understand that controlling skin issues is best achieved through a series of recommended treatments and compliance to the home care product program recommended by the aesthetician.

_____ I understand that I will probably not experience much visible peeling, flaking, discoloration, or irritation following the procedure. Following my home care is essential for the success of my desired outcome.

WARNINGS: Please read carefully and initial here _____

1. Avoid direct sunlight or tanning booths for two weeks following a treatment.
2. Use of sunblock protection DAILY is necessary.
3. Do not pick your skin following a treatment.

RESCHEDULING GUIDELINES: Initial Here _____

A 48 hour rescheduling notice is required - if you are sick, call and cancel. We realize emergencies happen and will be considered, but we reserve the right to charge the full price of the missed appointment without said 48 hour notice.

I HEREBY AGREE TO ALL OF THE ABOVE AND AGREE TO HAVE THIS TREATMENT PERFORMED ON ME. I FURTHER AGREE TO FOLLOW ALL POST-TREATMENT CARE INSTRUCTIONS AS I AM DIRECTED.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Client Signature: _____

Aesthetician Signature: _____