patient profile

Name:	_ DOB:	An	Α:	_Sex:
Address:				
City:State:	_Zip:Ph	one:		
a Are you progress or lecteding? Von Ale 415 co. and	. 41 0			
• Are you pregnant or lactating? YesNo(if so, only	/ the exygenat	ing I no or Detox	i Gel i	s appropriate)
Do you wear contact lenses? YesNo(remove co Do you have permanent makeup? YesNo(then)	ntacts if eyes a	ira sensitive or ha	ving m	nicrodermabrasion)
Do you have permanent makeup? Yes_No_(if so, it Do you as mattle hours a such as tried to your factors.)	o what areas of	the face?)		
Do you currently have a sunburn/windburn/red face? Y Are you let the health of called to town by the standard Management of the standard Management	esNoWn	y7		
Are you in the habit of going to tanning booths? Yes	_No(if within	past three weeks	, decli	ne treatment)
 Do you currently use or receive dipilatories or waxing? Are you applying any topical medications at this time? 	YesNo(D YesNo)iscontinue use 7 (Vhich one/s)?	days p	re and post treatment)
(High percentages of certain ingredients may increase	sensitivity)			
 Are you currently using any topical Retinoid prescription 		nova®/Differin®/Ta	azorac	₽/Avane9?\
YesNoWhat strength?For how tong?) (Disco	ontinue use 5-10 c	lave h	afore and after
treatment) NOTE: consult your physician before discon-	tinuing use of a	ny prescription	.cyo c	
 Are you currently using Accutane^e? YesNoHow 	lona?	It is OK to a	nnly C	NE lever of
Ultra Peei ^a I, Sensi Peel ^a , Ultra Peei ^a II, Esthetique Pee	l ^m or Oxy Trio to	n skin that has he	an trai	ated with Accutonal
Those who are currently taking Accutane® should be	e directed to ti	hair diananaina a	hvolci	ion
Have you had a chemical peel or any type of procedure	with a medical	device? Yes N	iiyaidi In	en.
Within the last 14 days? YesNo				
 Do you have regular collagen, Botox® or other dermal fi 	iller injections?	Yes No Ine	ale ehr	wild follow injections
by 2-5 days to prevent movement of the filler)			,14 GIT	olo follow injections
Have you recently had facial surgery? YesNoDes	crihe.	u,	ow lon	0.0003
Have you recently had laser resurfacing? YesNo	When?	What ki	24 1011 nd2	9 ego:
What type of work do you do?	Regular airlin	a traval? Vac N	₩. <u> </u>	low often?
Do you participate in vigorous aerobic activity or sports	nogularaniii	What hine?	. U _	IOM OIGHT
Do you smake or use tobacco? YesNo Do you of	develop cold so	reallever blieters?		No
• Last breakout?	soroiop coid ad	iga igagi bilafala i	1 00_	
 Are you allergic/sensitive to? (Check all that apply) milk 	annies	citare granes	alc	a vers secirio
perfumeslatexhydroquinonemushrooms	If any other all	ernies what?	aic	o vera aspiriri
 Are you sensitive to alcohol-based products? YesN 	n	agios, wildti		
Have you ever used any other products that caused a t		ee No Docor	iha	
 Are you taking any medication at this time? (antibiotics 	may increase a	es	100	***************************************
What is your hereditary background?	may morease s	ensitivity)		
Natural eye color: BlueGreenHazelGrayLt.	Proup Mod	Province Die De		
Natural hair color: BlondRedLt. BrownMed. E	rous C' Be	. BrownDx. Br		
Skin tona: Pale/WhiteLightMediumReddish_	Emekled I	OWIIBIACKC	iray/oi	IVBIYVIIITO
Dark OliveLt. BrownMed. BrownDark Brown	rieckieuL	I. OliveMBd. (IIIA6—	-
Do you consider your akin: Sensitive ResilientNo	3011 B18CK	_DIRCKSELION		
Describe your skin (check all that apply): ThickThin_	Coom: Ei-	n Namal Da		Zana (Oambiaatiaa
Oily_Acne_Comedones/Blackheads_Milla_Cys	sayyyrm	IIINORMAIUr	'ا''	-Zone/Combination
Small poresFloridRosaceaEczemaFreckle	d Cun domo	S ACNO-SCAITEC	UB	rge pores
WrinkledPatchy dryness onSaltowMelasma_	uoun-oame	gedUneven/bii	oteny_	mature
Hyperniamentation Dehydrated (lacking mainture)	_renume-stain	. Talaasiastasia (*	ntatio	nPsonasis
HyperpigmentationDehydrated (lacking moisture) What is your daily care regimen?		_ i eigudiectasia/d	roxen	sunace capillaries
what is your daily care regimen?				
What are the cosmetic improvements you would like to	800 in your skir	n?		
Treatment recommendation:				
	est Area	Result		
		•		
		•		

consent form

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as: pregnancy (if so, consult your physician prior to treatment), recent facial surgery, allergies, tendency to cold scres/fever blisters, use of Retin-A®, Accutane®, Differin®, Tazorac® or Avage®.

I understand there may be some degree of discomfort; i.e., stinging, pin-prickling sensation, heat, or tightness.

I understand there are no guarantees as to the results of this treatment, due to many variables, such as: age, condition of skin, sun damage, smoking, climate, etc. I understand I may or may not actually peel, that each case is individual.

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that to achieve maximum results, I may need several treatments.

I understand that although complications are very rare, sometimes they may occur and that prompt treatment is necessary. In the event of any complications, I will immediately contact the doctor/clinician who performed the treatment.

I agree to refrain from tanning in tanning booths while I am undergoing treatment, and during the 14 days following the end of treatment.

I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of sunscreen protection with a minimum of SPF 15 is mandatory.

I have not had any other chemical peel of any kind within 14 days of the treatment, I understand I cannot have another treatment within 14 days of this treatment, whether It is performed at this location or any other location.

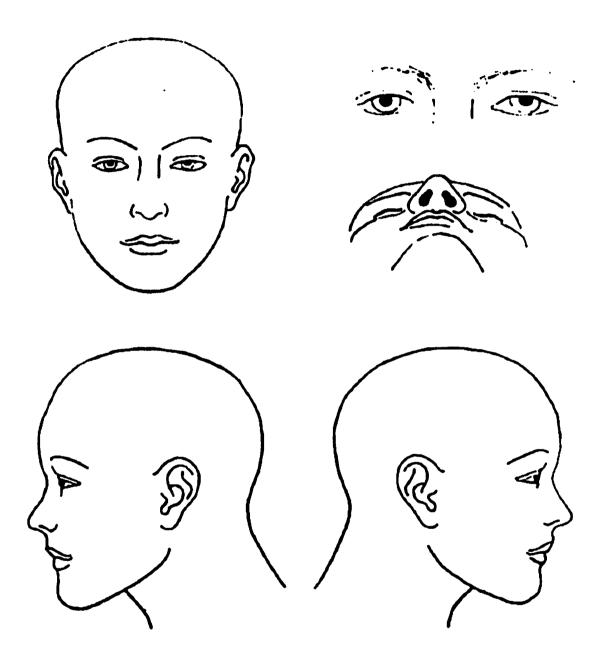
I hereby agree to all of the above and agree to have this treatment be performed on me. I further agree to follow all post-peel care instructions as I am directed.

Signature:	Date:
Initials:	
Signature of Clinician:	
Signature of Witness:	

Continued Treatment Concent

Oate	initials
	
	

face diagram



patient treatment log

Patient name: Area treated: face neck cheat he	ands arms	Next Scheduled Treatment:
Protocol: Cleanse q Facial Wash Olly/Problem (pHaze 1) q Other: Tone q Smoothing Toner (pHaze 2) q Other: Treat Enhanced Jessner's Peets q PCA Peet ^p HQ Froe	Salicylle Acid Treatments q Clarifying Mask q Pumpich Poel Treatment Retinol Treatments	Correct Q ReBatance (pHaze 17) Q Après Peel* Soothing Balm (pHaze 11) Q Clearskin (pHaze 18) Q C-Quench* Antioxidant Serum (pHaze 15+) Q C-Strength 155% with 55% Vitamin E (pHaze 16) Q C-Strength 20% with 55% Vitamin E (pHaze 16+) Q ExLinea* Peptide Smoothing Serum (pHaze 25) Q A&C Synergy Serum (pHaze 23) Q Rojuvenating Serum (pHaze 24) Q Anti-Redness Serum (pHaze 24) Q Retinol Renewal (pHaze 26) Q eyeXcellence* (pHaze 12) 1 layer Q Pigment Get* (pHaze 13) Q Acno Get (pHaze 35) Q Acno Cream (pHaze 33) Q Peptido Lip Therapy
q Sonsi Peel ^a		Layer Q Other:

Patient name: Area troated: face neck chest Comments:	hands arms	Next Scheduled Treatment:
Protocot Cleanse q Facial Wash Olly/Problem (pHaze 1) q Other:		Correct q ReBalance (pHaze 17) q Après Pesi ^a Soothing Balm (pHaze 11) q Clearskin (pHaze 18) q C-Quench ^a Antioxidant Serum (pHaze 15+)
Tone q Smoothing Toner (pHaze 2) q Other:	 -	q C-Strength 15% with 5% Vitamin E (pHaze 16) q C-Strength 20% with 5% Vitamin E (pHaze 16+) q ExLines® Peptide Smoothing Serum (pHaze 25) q A&C Synergy Serum (pHaze 23) q Polyvonating Serum (pHaze 24) q Anti-Rodness Serum (pHaze 42)
Enhanced Jessner's Peels q PCA* Peel HQ Free	Salicylic Acid Treatments q Clarifying Mask	q Retinol Renewal Serum (pHaze 26) q eyeXcallence" (pHaze 12) 1_ layer q Pigment GeP (pHaze 13)
q PCA® Peel with HO layers q PCA® Peel with HO layers	• • • • -	1 layer q Pigment Gel* HQ Free (pHaze 13) q Acne Gel (pHaze 35) q Acne Cream (pHaze 33)
TCA Pecia		q Peptide Lip Therapy q Other:
q Sensi [®] Peellayers q Ultra Peel [®] layers	q Esthetique Peel Peel Alternatives	1_ tayor Prolect q Hydrator Plus SPF 25 (pHaze 6+)
q Uitre Peel® Fortelayers q Smoothing Body Peellayers	q Detox Gel Deep Pore Treatment q Oxygenating Trio	approximate q Protecting Hydrator SPF 25 (pHaze 7) q Perfecting Body Hydrator SPF 30 (pHaze 30) q Total Defense SPF 25 for Man q Other:

preparation for peel treatment

You will be having a light peel treatment on the day of your appointment. Please follow the outline below to prepare.

 Use of PCA SKIN daily care products prior to your peel will prepare the skin and allow for better treatment results. This is recommended but not mandatory. Please consult your physician or skin care technician for appropriate recommendations for your skin type and condition.

It is recommended that you refrain from these activities within 14 days of your appointment:

- Having a chemical peel.
- Tanning in a tanning booth (this practice should be discontinued).
- Having a wax or chemical depilatory treatment (5-7 days).
- Getting Botox^o, collagen or other dermal filler injections (3-5 days).
- Microdermabrasion treatments.
- If you are lactating, pregnant or think you might be pregnant, you are only a candidate for an Oxygenating Trio or Detox Gel Deep Pore Treatment.
- It is recommended that you refrain from sun exposure for 10 days prior to your appointment. Do not come to the appointment sunburned (please let us know if you are unable to keep your appointment).
- Delay use of Retin-A®, Renova®, Accutane®, Differin®, Tazorac® or Avage® and high percentage glycolic acid products for approximately seven (7) days prior to your appointment. (Using any of these will take the treatment deeper and make your results less predictable. Please consult the dispensing physician before discontinuing the use of any prescription medication.)

These superficial peels will result in little to no downtime. Treatments may include slight redness, tightness, peeling, flaking and/or temporary dryness. Most patients find it unnecessary to apply makeup, as your skin will be smooth, dewy and radiant following your treatment. If you would like to apply makeup, allow approximately 15 minutes for the pH of the skin to stabilize before applying foundation.