



Illuminate Peel

Consent to Illuminate Peel Treatment

All patients receiving an Illuminate Peel should follow the instructions provided in this informed consent. You will be asked to sign this form acknowledging that you have read and understand all of the information presented.

Illuminate Peel Treatment Purpose: The Illuminate Peel is a very superficial peel designed to improve the texture and appearance of your skin.

Patients who should not be treated: The Illuminate Peel treatment SHOULD NOT be used on patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, herpes simplex. You should also not have an Illuminate Peel treatment if you have a history of allergies, rashes or other skin reactions, or may be sensitive to any of the components of this treatment. Illuminate Peel should not be performed on patients with an allergy to salicylates (i.e., aspirin). This peel is also not recommended if you have taken Accutane, or received chemotherapy or radiation therapy within the past year. Illuminate Peel should not be administered to pregnant or breastfeeding (lactating) women.

One week before your Illuminate Peel: Avoid these products and/or procedures:

- Electrolysis
- Waxing
- Depilatory Creams
- Laser Hair Removal
- Botox injections

Three days before your Illuminate Peel: Avoid these products and/or procedures:

- Retin-A, Renova, Differin, Tazorac
- Any products containing retinol, AHA or BHA, or benzoyl peroxide
- Any Exfoliating products that may be drying or irritating

Note: The use of these products/treatments prior to your Peel may increase skin sensitivity and cause a stronger reaction.

Note: Patients who have had medical cosmetic facial treatments or procedures (e.g. laser therapy, surgical procedures, cosmetic filler, Microdermabrasion, etc.) should wait until skin sensitivity completely resolves before having Illuminate Peel Procedure.

After your Illuminate Peel: It is crucial to the healthy of your skin and the success of your Peel that these guidelines be followed:

1. It is imperative to use a sunscreen with an SPF of at least 20 and avoid direct sunlight for at least one week.
2. Patients with hypersensitivity to the sun should take extra precautions to guard against sun exposure immediately following the procedure as they may be more sensitive following the Peel.
3. Because of the superficial nature of this Peel, patients should not expect to see visible Peeling. Occasionally, some patients may have very minor flaking 3-4 days after the procedure.
4. Skin may appear slightly redder than usual for about 1-2 hours after the treatment. If neck and décolletage are treated, the redness might last slightly longer.
5. Skin should look normal the next day.
6. When washing the face, do not scrub or wash cloth. Use mild soap-free cleanser.
7. Apply a mild moisturizer 4-5 days after the Peel as often as needed to relieve any dryness, followed by a sunscreen.
8. The regular use of Retin-A, alpha-hydroxy acid (AHA) products or bleaching creams can be resumed after 4-5 days.
9. Waiting until the peeling is complete before having ANY OTHER FACIAL PROCEDURES, including:
 - Facials
 - Microdermabrasion
 - Laser Treatments
 - Laser Hair Removal
 - Botox Injections
 - Injectable Fillers

Sunburn Alert

This product contains an alpha hydroxy acid (AHA) that may increase your skin's sensitivity to the sun and particularly the possibility of sunburn. Use a sunscreen, wear protective clothing, and limit sun exposure while using this product and for a week afterwards.

Adverse experiences that may occur after you Illuminate Peel: It is common and expected that your skin will be red and possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having an Illuminate Peel: edema stinging and burning, dryness and erythema.

Call the office immediately if you have any unexpected problems after the procedure.

Please read and initial the following:

I understand that the Illuminate Peel treatment is not an exact science and the degree of improvement is variable. X _____

I understand that occasionally there is no visible improvement and another form of treatment may be required. X _____

I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section. X _____

By my signature below, I acknowledge that I have read this Illuminate Peel Informed Consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with the Illuminate Peel.

Patient Signature

Date

Witness Signature

Date

COPY OF FORM USED IN OFFICE. FOR INFORMATIONAL USE ONLY.