



Forever 29 VI Peel Consent Form

Patient Name: _____ **Date:** _____

The VI Peel® contains a synergistic blend of powerful ingredients suitable for all skin types. VI Peel® will improve the tone, texture, and clarity of the skin; reduce age spots, improve hyperpigmentation (including melasma), soften lines and wrinkles; clear acne skin conditions; reduce or eliminate acne scars; and stimulate the production of collagen, for firmer, more youthful skin.

Contraindications:

- Patients who are pregnant or who are breast feeding.
- Patients who have an aspirin, hydroquinone or phenol allergy.
- Patients who have used oral isotretinoin (Accutane) within the past 6-12 months.
- Patients who have active cold sores, warts, open wounds or a history of herpes simplex.
- Patients who are undergoing/underwent chemotherapy and/or radiation therapy in the last 6 months.
- Patients with a history of an autoimmune (i.e., Lupus) or liver disease/disorder as well as any condition that may weaken their immune system.

_____ Prior to receiving treatment, I have communicated with the Practitioner about any conditions or medications that may contraindicate this procedure.

_____ I understand that there may be some degree of discomfort such as burning, itching, stinging, redness, heat or tightness during and a week after the procedure.

_____ I understand that there is no guarantee of the final results of the peel. Occasionally hyperpigmentation may develop and persist for a week or months after the peel.

_____ I understand that although complications are very rare, sometimes they may occur. In the event of any complications, I will immediately contact the Physician/Clinician who performed the treatment.

_____ I understand if I have any acne conditions in the skin, the peel may bring out more oils and bacteria from below the surface and can cause a breakout.

_____ I understand that maintenance of the VI Peel® treatments are necessary to maintain results as well as the recommended VI Derm® skin care regimen and SPF 50+.

_____ I understand that extended direct sun exposure including tanning beds are strictly prohibited before and after receiving the VI Peel®.

_____ I understand no activities involving excessive sweating can be done for 72-96 hours. (i.e., sauna, hot tub, steam rooms, exercise) and that overheating may cause me to develop blisters or cause hyperpigmentation to worsen.

_____ I understand that I must protect my skin with the VI Derm® SPF 50+ and avoid sun exposure during the 7-day exfoliation process.

_____ I understand that this is an elective cosmetic procedure.

_____ I understand that no other chemical peels, facial machine brushes, or medical device treatments (Lasers, IPL, etc.) may be performed on my skin until my Physician/Clinician releases me to do so. The nature and purpose of the treatment has been explained to me.

_____ I have read and understand this agreement in its entirety. All my questions have been answered to my satisfaction and I consent to all terms of this agreement.

_____Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse this treatment.

Patient Name Printed: _____

Patient Name Signature: _____ **Date:** _____

Practitioner Name Printed: _____

Practitioner Name Signature: _____ **Date:** _____

PEEL TYPE: _____ **LOT#:** _____ **EXP. DATE:** _____