



For all Peels

Peel Exclusion Criteria

1. Presence of herpes simplex lesions in the area to be treated
2. Recent (less than 6 months) surgery (blepharoplasty, face lift, etc.)
3. Recent less than 6 months laser treatments, dermabrasion and any other treatment that may alter or compromise the physiological regeneration of the skin
4. A family history of developing keloids and or hypertrophic scars
5. A family history of development of post inflammatory hyperpigmentation
6. pregnancy/breastfeeding
7. Allergy and /or know hypersensitivity or any other known and /or probable incompatibility to one or the components
8. Treatments with oral retinoids
9. Recent or planned sun exposure with residual pigmentation(tan) or irritation
10. Other related medical conditions

Client Consent to be Photographed

Date: _____

Client Name: _____

I consent to the reproduction and use of my photos(s) without identifying client name or marks),with the consent of the producing agent(s), Advanced Skin Care LLC Only. Consent shall involve the use of my photos for any educational purposes, including instruction, display to professional organizations, websites, social media and advertising thereof.

This consent, as stated above, shall be a continuing consent for all procedures, past present and future. Written notice must be received from the client asking to discontinue use. (60 days written notice required)

I give Advanced Skin Care LLC permission to use my photo/s as marked below.

Initials

_____ Full Face

_____ Eyebrows/eyes Only

_____ Eye Area

_____ Lips

_____ Area of the body being treated _____

Client
Signature _____ Date _____

Technician
Signature _____ Date _____