



INFORMED CONSENT-COSMELAN DEPIGMENTATION TREATMENT

PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT ALL PROVISIONS BY SIGNING BELOW

I, _____, acknowledge and agree to hold Alamo Hills Advanced Aesthetics & Laser Center and any of its employees harmless against any and all liability and claims for any injuries or any other occurrence of events directly caused by active negligence of Alamo Hills Advanced Aesthetics & Laser Center or any of its employees.

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

- I understand there may be some degree of discomfort; i.e., stinging, pin-pricking sensation, hotness, 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 and I need to follow the maintenance home protocol.
- 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 clinician who performed this treatment.
- I agree to refrain from tanning in tanning booths while I am undergoing treatment, and during the completion of the treatment.
- I understand that direct sun exposure is prohibited while I am undergoing treatment and that the use of sun block protection with a minimum of SPF 30 is mandatory.
- I have not had any other chemical peels of any kind, within 14 days of this treatment.
- I understand I cannot have another treatment within 30 days of this treatment, whether it is performed at this location or any other location.
- The nature and purpose of the treatment has been explained to me, and any questions I have regarding this procedure have been explained to my satisfaction.
- I understand that my skin care professional can discover other, or different conditions that may require additional or different procedures than those planned. If my skin care professional discovers such other, or different conditions I will be referred to appropriate medical care provider.
- I acknowledge that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients are improved and in others no appreciable improvement is noticed.
- I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.



- If I am prone to herpetic outbreaks, I have been advised to see my physician about a prescription for Acyclovir, Zovirax, or to take supplement of L-Lysine, Beta-Carotene and Folic Acid daily.
- I have been advised of alternative methods available for my treatment, which include acid peels and laser skin resurfacing and treatments.
- I acknowledge my obligation to follow the written and spoken instructions covering my pre and post treatment skin care regimen.
- I understand that multiple treatments may be required. The cost of these was disclosed prior to the first treatment. I agree to all safety precautions and home skin care program as recommended by my practitioner.

CONSENT TO COSMELAN DEPIGMENTATION TREATMENT

I am over 18 years of age or I have parental consent co-signed below.

I will call to inform my clinician of any complications or concerns as soon as they occur.

I have read the contents of this consent form carefully and agree to receive the treatments or series of treatments outlined.

I certify that I have read the above consent and I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the Cosmelan Depigmentation treatment. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Patient Signature

Print Name

Date

Witness Signature

Print Name

Date