

## INFORMED CONSENT FOR ENZYMES, OXYGEN RX, MICRODERMABRASION, AND/OR CHEMICAL PEELS

I, \_\_\_\_\_, give permission to my skin care professional, **Michelle Nieman; Pampered Services, LTD.**, to perform any of the following Circadia treatment(s):

- Cocoa Enzyme
- Raspberry Enzyme
- Zymase Enzyme
- Lactic Peel
- MandeliClear Peel
- Oxygen RX Treatment
- Microdermabrasion

1. I agree to complete a Confidential Skin Health Questionnaire (Client Profile and Questionnaire). I agree to complete and be truthful about my physical conditions, pregnancy, medications that I may be taking, and my current skin care regimen. I am also aware that my lifestyle, which if it includes smoking, outdoor exposure, tanning beds, excessive alcohol consumption, and/or recreational use of controlled substances, will effect and diminish the effectiveness and result of the treatment. My expectations are realistic and I understand that the results are not guaranteed and that for maximum results, more than one application may be necessary. The rate of improvement depends on my skin type, condition, age, degree of sun damage, and/or pigmentation levels.
2. I have disclosed to my skin care professional all treatments of any kind that I have received within 14 days of this treatment, whether the treatment was performed at this location or any other location. I have also disclosed any surgical procedures, laser treatments, or facial procedures that I have had or intend on having in the future and understand that I cannot have another treatment within 14 days of this treatment, whether the treatment is performed at this location or any other location.
3. I am not presently pregnant or lactating. In the future, should I become pregnant; I agree to inform my skin care professional before my scheduled treatment.
4. I have not had any recent chemotherapy or radiation treatments.
5. I have not recently waxed or used a depilatory (such as Nair) on the area being treated today. I do not have a history of keloid scarring, diabetes, any autoimmune disease, or active herpes blisters/cold sores.
6. I understand that I should not have a treatment if I intend to be in the sun or use a tanning bed. Sun exposure is prohibited and I will refrain from excessive sun exposure and the use of a tanning bed while I am undergoing treatment. I agree to use Circadia Light Day Broad Spectrum Sunscreen SPF37 and understand that this product is mandatory while I am undergoing treatment.
7. 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 skin care professional who performed the treatment.
8. I understand the intention of Microdermabrasion or the MandeliClear Peel is to exfoliate the outer surface of my skin. Some of the benefits include lessening or pigmentation, reduction in appearance of fine lines and wrinkles, and control of certain conditions such as acne or an occasional breakout.

9. I understand that I may experience possible short-term side effects of reddening, tightness, and acne-like eruptions and the possibility of peeling, flaking, hyper-pigmentation, and excessive dryness in the days following any treatment. My skin care professional will recommend home care products to work in tandem with the in-clinic treatment. I am willing to follow recommendations for home care, including sunscreen, and agree to use the products specifically recommended by my skin care professional.
  
10. I understand the cost of treatment and the fee structure has been explained to me.
  
11. I understand that every precaution will be taken to minimize or eliminate negative reactions such as blisters, redness, or irritation.
  
12. I consent to the taking of photographs to monitor treatment effect and results if desired by my skin care professional and to the publication of these photographs on social media and/or professional websites.
  
13. I understand that the following conditions preclude my from having this treatment at this time and verify that none of these conditions apply to me:
  - Uncontrolled diabetes
  - Sunburned or wind-burned skin
  - Recent peels within eight weeks
  - Allergic to aspirin or any salicylic sensitivity
  - Laser hair removal within the past 6 weeks
  - Use of Accutane® within the past 12 months
  - History of being "highly allergic" to anything
  - Currently using antibiotics (topical or systemic)
  - Laser resurfacing surgery within the past 12 weeks
  - Eczema, dermatitis, rosacea, scleroderma, skin cancer
  - Currently undergoing chemotherapy or radiation treatments
  - Allergic to cocoa, chocolate, pineapple, papaya, and/or raspberry
  - Use of Retin-A®, Renova®, retinoids (Vitamin A) within the past 4 weeks
  - Allergic to citrus (oranges, limes, grapefruit, lemons) or any citrus sensitivity
  - Active infection of any type, such as herpes simplex virus (cold sores) or warts
  - Recent peels or the use of glycolic acid or alpha-hydroxy acids in the past 4 weeks
  - Auto-immune system disorders, untreated high blood pressure, heart disease, epilepsy
  - Broken skin, inflammation, active acne, raised lesions, or moles on areas to be treated

**INFORMED CONSENT**

In the event of any questions or concerns, I will consult my skin care professional immediately. I understand the potential risks and complications and I have chosen to proceed with the treatment after careful consideration of both known and unknown risks, complications, and limitations. I will hold the skin care professional harmless from any liability that may result from this treatment.

I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Skin Care

Professional Signature: \_\_\_\_\_

Date: \_\_\_\_\_