

Epionce Skin Peel Consent Form

Title: _____ Name: _____ Date of Birth: ___ / ___ / _____

Address: _____

Email: _____

Do you consent to us taking before & after photographs?
Yes / No (Delete as applicable)

Do you consent to us using these for promotional purpose?
Yes / No (Delete as applicable)

Current medical problems: _____

Present medication: _____

Past history: _____

Additional Information: _____

Pregnancy _____ Date of LMP: ___ / ___ / _____ Allergy: _____

This for is to give you informed choice regarding Epionce treatments:

- I understand every attempt will be made to obtain an optimum result, however I understand this procedure is a cosmetic treatment and no medical claims are expressed or implied.
- I understand that unsatisfactory or inadequate improvement; reactions and or unforeseen complications may arise as a result of this procedure. I acknowledge that no warranty or guarantee has been made regarding result or cure. I understand that additional procedures may be required to achieve optimal results.
- I understand unforeseen conditions may necessitate additional or additional or different procedures from those set out forth above. I therefore authorise and request that the aesthetician/technician to perform procedures that are in his/her professional opinion necessary and desirable.
- I understand there may be some degree of discomfort; i.e. stinging, prickling sensation, hotness, tightness.
- I have been informed that most people suffer no adverse event however, no guarantee can be made that I will not. The following is a list of potential side effects that may result from the procedure, but not limited to the following.
 1. Redness is usually minimal and short lived.
 2. Swelling is usually very minimal and short lived.
 3. Peeling is usually superficial, mild and short in duration.
 4. Scarring is very unusual but may occur.
 5. Hyper pigmentation (dark areas of skin) or texture changes may occur and although very rare may temporarily or possibly permanently occur.
 6. Moles, blood vessels, freckles and sunspots may become more obvious and darker after the procedure since layers of dead cells are removed.
 7. Milia (white heads) may appear but will usually disappear quickly.
 8. Eye injury although very rare if chemicals get into the eye, scarring and visual disturbances may occur.
 9. In extremely rare cases a significant allergic reaction can occur. This could include redness, facial swelling and soreness lasting several days. If these symptoms occur please contact us for advice.
- I am aware that if I suffer from facial herpes, a peel may trigger an attack.
- Although acid peeling can lighten pigmented skin, I acknowledge that there is no guarantee that dark discolouration (melasma) will be reduced, faded or permanently erased.
- I understand that direct sun exposure and sun bed tanning is strictly prohibited. I agree to use the recommended Epionce skin care regime on a daily basis.

Consent

I have been thoroughly counselled in a language that I understand on the procedure for Skin Peels.

I have been informed about the possible risks. I am therefore willing to proceed.

Patient: _____ Date _____