



# BLUE DIVINE

## A E S T H E T I C S

### **mesoestetic USA®**

#### **GENERAL CONSENT FORM**

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 treatment), recent facial surgery, allergies, tendency to cold sores/ fever blisters, use of the following medications or similar; Retin-A/Renova®, Differin®, Tazorac®, Avaga®, EpiDuo™, or Ziana®, Minocycline, Accutane®, or products that contain Glycolic acid.

I understand there may be some degree of discomfort: i.e., stinging, pin-pricking sensation, hotness, or tightness.

TEST\_MANFIELD

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.

TEST\_MANFIELD

I understand I may or may not actually peel, that each case is different.

TEST\_MANFIELD

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

TEST\_MANFIELD

I understand that to achieve maximum results, I may need several treatments and I need to follow the maintenance home protocol.

TEST\_MANFIELD

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 doctor/technician who performed the treatment.

TEST\_MANFIELD

I agree to refrain from tanning in tanning booths while I am undergoing treatment, and during the completion of the treatment.

TEST\_MANFIELD

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.

TEST\_MANFIELD

I have not had any other chemical peels of any kind, within 14 days of the treatment.

TEST\_MANFIELD

I understand I cannot have another treatment within 30 days of this treatment, whether it is performed at this location or any other location.

TEST\_MANFIELD

I understand that I must refrain from waxing or the use of other depilatory products for 7 days prior to treatment. While maintaining with Cosmelan 2, discontinue use for 3 days prior to waxing and do not re-introduce for 3 days after waxing.

TEST\_MANFIELD

**Have you ever had an allergic reaction or sensitivity to any skin care product or professional treatment?**

Y  N

**If yes , list the ingredient and symptoms of the reaction:**

**List any other allergies:**

Via this consent form, I declare that I have read, agree and fully understand the above information. I hereby agree to have this treatment performed on me. I further agree to follow all post care instructions as I am directed.

**Patient's Signature:**

TEST\_CLIENTSIGN

**Date:** TEST\_DATE

**Patient's Name:** TEST\_CLIENTFIRSTNAME TEST\_CLIENTLASTNAME

**Signature of Physician / Technician:**

TEST\_CLIENTSIGN

**Date:** TEST\_DATE

**Signature of Witness:**

TEST\_CLIENTSIGN

**Date:** TEST\_DATE

## **CONTRAINDICATIONS**

- Do not have Botox®, Restylane®, Collagen or other dermal filler for 5 days after initial Cosmelan Mask.

- Do not go swimming for 48 to 72 hours after Cosmelan Mask, Professional Peel or Mesoéclat Treatment.
- Do not use hot tub, sauna or steam bath for 72 hours after Cosmelan Mask, Professional Peel or Mesoéclat Treatment.
- Do not go to tanning beds two weeks prior to treatment.
- It is recommended that prolonged sun exposure be avoided for at least 10 days prior to any professional treatment.
- Do not use other skin lightening agents for the duration of treatment or while using Cosmelan 2. (i.e.; Hydroquinone, Kojic acid, Azelaic acid, Arbutin, Retin-a etc...)
- Discontinue use of Glycolic Acid products 7 days prior to treatment and do not re-introduce into skin care regimen for 30 days post treatment.
- Do not have Cosmelan Treatment or use Cosmelan 2 if you are pregnant or nursing.
- Not recommended for Rosacea skin types.

## **mesoesteticausa.com**

16311 Ventura Boulevard Suite 1210 | Encino; California 91436 | (888) 498-3842

### **Name of Adult Participant and/or Parent or Legal Guardian of Minor:**

<b>First Name:</b>	TEST_CLIENTFIRSTNAME	<b>Last Name:</b>	TEST_CLIENTLASTNAME	<b>Birth Date:</b>	TEST_CLIENTBIRTHDATE
<b>Address:</b>	TEST_CLIENTADDRESS	<b>City:</b>	TEST_CLIENTCITY	<b>Province:</b>	TEST_CLIENTSTATE
<b>Postal code:</b>	TEST_CLIENTPOSTCODE	<b>Email:</b>	TEST_CLIENTEMAIL	<b>Phone:</b>	TEST_CLIENTPHONE

Date and Time Signed: 09/06/2016 at 16:11

System Time Stamp: 09/06/2016 at 20:11