



CONSENT TO VANISH MD/MINIPEEL TREATMENT

The instructions provided in this informed consent should be followed by all patients receiving a Vanish MD/MiniPeel Treatment. You will be asked to sign this form acknowledging that you have read and understood all of the information presented.

VANISH MD/MINIPEEL TREATMENT PURPOSE: The Vanish MD/MiniPeel Treatment is a superficial peel designed to improve the texture and appearance of your skin.

PATIENTS WHO SHOULD NOT BE TREATED: Patients who have any of the following conditions or underwent or been prescribed any of the following therapies or medications:

- Active cold sores or warts
- Skin with open wounds, sunburn, excessively sensitive skin
- Dry eye conditions, such as keratoconjunctivitis sicca, inflammation of the cornea and conjunctiva of the eyes
- Dermatitis or inflammatory rosacea in the area to be treated
- Autoimmune disease
- A history of herpes simplex
- Keloids or raised scars
- A history of allergies, rashes or other skin reactions
- Cancer
- Human chorionic gonadotropin or human chorionic gonadotrophin (hCG) or any hormone therapy
- Topical Fluorouracil, also known as "5-FU" and sold under such brand names as Efudex, Carac and Fluoroplex
- Chemotherapy, radiation therapy or taken Accutane within the last year
- Pregnant or breastfeeding (lactating) women

Patients who are one week pre-menstrual or on their menses may experience more sensitivity, redness or flaking and this should be taken into consideration when scheduling your Vanish MD/MiniPeel Treatment.

ONE WEEK BEFORE YOUR VANISH MD/MINIPEEL TREATMENT: Avoid these products and/or procedures:

- Electrolysis
- Waxing
- Sunless tanning, spray tanning or UV free tanning
- Depilatory Creams

- Laser Hair Removal
- Patients who have medical cosmetic facial treatments or procedures (e.g.. laser therapy, surgical procedures, cosmetic filler, microdermabrasion, etc) should wait until skin sensitivity completely resolves.
- Patients who have had BOTOX injections should wait until all bruising subsides Retin-A® (tretinoin), Renova® (tretinoin), Differin® (adapalene), T azorac® (tazarotene), Avage® (tazarotene).
- Any products containing Retinol, AHA or BHA, Benzoyl Peroxide or Hydroquinone.
- Any exfoliating products that may be drying or irritating

Note: the use of these products/treatments prior to your peel may increase skin sensitivity and cause stronger reactions.

AFTER YOUR VANISH MD/MINIPEEL TREATMENT: It is crucial to the health of your skin and success of your peel that these guidelines be followed:

1. Your skin may have a light yellow tinge immediately after removal of the Cream Masque/Mini-Peel Solution. This is temporary and will fade in a few hours.
2. It is imperative that you use a sunscreen with an SPF of at least 30 and avoid direct sunlight for at least 1 week.
3. Best results will be obtained with regular daily use of such sunscreen.
4. Patients with hypersensitivity to the sun should take extra precautions to guard against exposure immediately following the procedure as their skin may be more sensitive.
5. Your skin may be more red than usual after removal of the Cream Masque/Mini-Peel Solution. Please avoid strenuous exercise during this time.
6. Approximately 48 hours after the treatment, your skin will start to peel. This peeling will generally last 2 to 5 days. DO NOT PICK OR PULL THE SKIN.
7. When washing your face, do not scrub, do not use a wash cloth. Use the Anti-Redness Foaming Cleanser provided.
8. Apply the Anti-Redness Soothing Balm as directed and as needed to relieve dryness, tightness and itching.
9. Use only the products in your Vanish MD/MiniPeel Treatment kit. Do not use any other skincare products until directed to do so by your skincare professional.
10. Wait until the peeling is complete before having ANY OTHER FACIAL PROCEDURES, INCLUDING:
 - Facials
 - Microdermabrasion
 - Laser treatments
 - Laser hair removal
 - BOTOX injections
 - Injectable fillers

ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR PEEL: It is common and expected that your skin will be red and possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having a Vanish MD/MiniPeel Treatment: skin breakout or acne, rash, dark spots (hyperpigmentation), light spots (hypopigmentation), swelling, burning and skin wrinkling (skin atrophy).

Call the office immediately if you have any unexpected problems after the procedure.

LACK OF EFFECT: Although most people experience peeling of their facial skin, not every patient notices that their skin peels after a Vanish MD/MiniPeel Treatment. Lack of peeling is NOT an indication that the peel was unsuccessful. If you do not notice actual peeling, please know that you are still receiving all the benefits of the Vanish MD/MiniPeel Treatment, such as: improvement of skin tone, texture, and appearance of fine lines and hyperpigmentation.

There are a number of reasons why a patient may not have peeling or may experience minimum peeling. The reasons may include:

- Having peels regularly with a short interval between peels
- Frequent use of Retin-A, AHA, or other peeling agents prior to the Vanish MD/MiniPeel Treatment
- Severe sun damage

Proper skin evaluation by your skin care professional prior to your peel is important and will help predict the outcome of your peel.

Please read and initial the following:

I understand that the Vanish MD/MiniPeel Treatment is not an exact science and the degree of improvement is variable.

Initial:

TEST_MANFIELD

I understand that occasionally there is no visible improvement and another form of treatment may be required.

Initial:

TEST_MANFIELD

I do not have any conditions described in the "Patients Who Should Not Be Treated" section.

Initial:

TEST_MANFIELD

I understand it is important for me to use an anti-viral medication when receiving this procedure and am following my physician's instructions related thereto.

Initial:

TEST_MANFIELD

By my signature below, I acknowledge that I have read this Vanish MDMiniPeel Treatment informed consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with the Vanish MD/MiniPeel Treatment.

Name of Adult Client and/or Parent or Legal Guardian of Minor:

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

Date and Time Signed: 09/06/2016 at 16:10

System Time Stamp: 09/06/2016 at 20:10