



---

### Consent for SilkPeel Dermalinfusion

The SilkPeel system is a safe and highly effective treatment for simultaneous exfoliation of the skin with delivery of a topical formula to target a specific dermatological condition. Exfoliation promotes the reduction of fine lines, wrinkles, minor scars, acne and sun damage. It also regenerates the epidermal cell structure resulting in skin elasticity and more youthful, pliable, smooth skin. Topical formulas penetrate the skin to treat specific conditions such as acne, hyperpigmentation, photodamage, environmental stress, dehydration and fine lines. The SilkPeel treatment performed with your practitioner's recommended pre- and post-treatment skin care regimen promotes optimal outcomes.

I clearly understand and accept the following (please check off each paragraph after reading to consent that you have read and understand the statement):

- I acknowledge that I might experience a scratchy, stinging sensation during the treatment. This sensation will subside during the post-treatment protocol.
- I acknowledge that if I suffer from acne, the condition may temporarily look worse right after the treatment, but will improve.
- I understand that if I fail to use sunscreen, I am more susceptible to sunburn and hyperpigmentation. Exercise should be limited after the treatment for 24 hours.
- I acknowledge that facial telangiectasia (small blood vessels) is sometimes more apparent immediately after the treatment when the skin is thin and will diminish after re-epithelialization (build up of dead cells).
- I agree to remove my contact lenses prior to the procedure (if applicable).
- I acknowledge that if I am prone to cold sores around the mouth or facial area, I may need a prescription for Valtrex from my medical doctor prior to the procedure and avoid all treatments during breakouts.
- I acknowledge that my skin might experience temporary tightness, redness or slight swelling that will disappear in a few hours or less, depending on my skin's sensitivity.
- I acknowledge that if I choose to purchase the package of four treatments, they are to be used within 90 days of purchase.

The following physical or dermatological condition(s) apply to me:

- pregnant    rosacea    salicylate or aspirin sensitivity    accutane    n/a

I hereby agree to have the SilkPeel treatment performed on my skin and to follow all post-treatment protocols.

Signature \_\_\_\_\_

Date \_\_\_\_\_