**NeoStrata Skin Care and Peels**

**Treatment Consent Form**

NeoStrata skin care products and peels are effective in most cases, the peels are recommended for photodamaged and ageing skin, rough texture, acne (comedones, papules, cysts, shallow scars), rosacea, ruddiness, and fine lines/wrinkles.

NeoStrata skin peels are performed as a course of treatments, and this will be discussed during consultation, and a treatment programme with home care products and any other treatments will be agreed upon before commencing the course of peels. A pre course skin preparation programme is essential prior to any peel procedure. Post treatment a sunscreen must be applied immediately and consistently throughout the treatment period – if not applied as per instructions irreversible hypopigmentation may occur.

Other known side effects of skin peels are immediate stinging or burning, flushing or erythema that may last

1‐2 hours or longer, epidermolysis (whitening), peeling may occur and a marked reaction can last up to 3 weeks with erythema and crusting.

1) I acknowledge that I have discussed NeoStrata skin peels and pre / post peel skin care with my practitioner and I have requested a course of NeoStrata skin peels and pre / post peel skin care, and will adhere to the post treatment instructions.

2) I have completed the Medical History Form and confirm that the information is accurate.

3) I understand that the practice of medicine and surgery is not an exact science and therefore that no guarantee can be given as to the results of the treatment referred to in this document. I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no guarantee that the anticipated results will be achieved.

4) I acknowledge that I have read the foregoing informed consent regarding NeoStrata skin care and peels, and I feel I have been adequately informed regarding the associated risks. I hereby give consent to the procedure(s) being performed.

I consent to treatment with NeoStrata peels and/or skin care.

Patient’s Name\_ Signature

Practitioner Name Signature\_

Date