CLIENT CONSENT FOR AHA 40 & AHA 70 40% & 70% GLYCOLIC PEEL

Name: _____

DOB: _____

Address: _____

Email: _____

Telephone: _____

I request that Jasveen Auluck to perform a/a number of AHA 40 skin peel/s on my face. I understand that AHA 40 is a programme of treatments and that several treatments may be required to achieve the best possible results for me. The degree of improvement is dependant upon many variables and cannot be guaranteed. I agree to follow the post peel instructions that will be supplied to me in order to minimise any potential discomfort and maximise the degree of improvement achieved.

I understand that there are potential risks and complications associated with any medical procedure, including a glycolic skin peel. I acknowledge that no guarantee has been made to me about the results from this peel. I have been informed that some of the possible risks and complications of this peel may include, but are not limited to swelling, redness, scabbing or peeling of the treated skin or surrounding areas; cold sores; prolonged skin sensitivity to wind and sun and/or areas of persistent increased or decreased pigmentation.

I understand that although complications from a glycolic peel are very rare, prompt treatment is necessary if they occur. In the event of any complications, I will immediately contact Jasveen Auluck who performed the glycolic peel.

I understand that I cannot have a different accelerate exfoliation, microdermabrasion and or/different skin peel within 7 days of the AHA skin peel.

I hereby give my consent to have photographs taken of my face and/or treatment areas before, during and after my chemical peel procedure. I understand that these photographs will be used for medical documentation, treatment planning and insurance purposes.

I certify that:

- I have accurately described my previous medical history, including any conditions and/or complications that might preclude receiving epiderma5 AHA 40.
- I am 18 years old or older.
- I am not pregnant or breast feeding.
- I understand and will follow all post peel instructions.
- I have had the opportunity to ask questions and all these questions have been answered to my satisfactions.

Client Signature: _____
Date: _____

Jasveen's Signature: _____
Date: _____

<u>Social Media Photo Consent (Optional):</u>
Jasveen may share treatment results on social media.

Please tick one:

- ____ **I give consent** for my photos/videos to be used on social media.
- ____ **I do not give** consent for my photos/videos to be used on social media.