

Health Declaration, Confirmation and Consent for Anti-Aging Peel Treatment Using DermaDNA™ MD

Beauty Institute and Spa Inc.
361 Cornwall Rd. Unit E-104
Oakville, Ontario L6J 7Z5
Tel: 289.291.0168

I hereby give my consent for Anti-Aging Peel Treatment Using DermaDNA™ MD:

I was informed that treatment **cannot be performed** on patients with:

- active herpes (could spread virus)
- sunburn
- open wounds
- allergies to salicylate (e.g., aspirin allergy)
- who have recently had a major skin surgery (laser resurfacing, facelift, etc.)

I was informed that patient with:

- Areas of skin with more sun damage and Dryness,
- Rosacea or Acne

may experience **increased stinging** during the procedure.

Skin Preparation before treatment (one week before):

During initial assessment prior to booking first **Anti-Aging Peel Treatment**, I was informed that skin hydration treatment with **Jet Peel** was recommended by spa staff to achieve optimal treatment effects and to avoid skin redness. When I purchase a package of three (3) Anti-Aging Peels treatments, I`ll be offered **Jet peel treatment at 40% off** of regular price. As per manufacturer, we recommend **minimum three (3) treatments every two (2) weeks to maximize effects.**

Treatment Sensation:

- I was informed that Stinging sensation will occur during treatment. The sensation of slight Stinging or warm itchinness should gradually reduce and completely dissipate within five (5 minutes).

After Care:

- I was informed that I should apply moisturizer with SPF to protect and hydrate the skin, completing the procedure and moisturizer should be re-applied as needed over the next several days and an SPF of at least 15 should be used during the day.
- I was informed that occasionally slight redness and small amounts of peeling/flaking for 3-6 days following the Peel may occur.

Health Declaration:

I hereby declare that I do not suffer from any skin ailment, skin problems or any other sickness or medication usage that prevents me from undergoing **Anti-Aging Peel** treatments.

Client's name: _____

Address: _____

Date: _____ Signature: _____