



## *VI. Peel Informed Consent*

1. I authorize the VI Peel.
2. There may be redness and /or irritation and discoloration that can persist for several days to weeks.
3. Occasionally hyperpigmentation or hypopigmentation might develop after the peel that might persist for weeks or months.
4. No guarantees can be made as to the final results.
5. Once desired results are achieved, I understand that maintenance peels are necessary to sustain optimal results. The frequency depends on the individual's own genetics, age and lifestyle.
6. Once the peeling process is complete, it is essential to follow instructions and/or use the V.I Derm skin care line to maintain results and avoid any future complications.
7. I understand that this peel is made of the strongest acids such as Phenol, Trichloroacetic acid (TCA), salicylic acid, among others.
8. Services are cosmetic in nature, and are non-refundable. I understand that payment is my sole responsibility.
9. An outbreak of cold sores can be triggered by a chemical peel. This will often present as pain rather than a blister. Patients with a history of cold sores should take preventative medication prior to the chemical peel.
10. Scarring is an uncommon complication. People at risk include those with a history of keloid scars; patients recently on Accutane therapy; patients that develop infection after the peel. The risk is higher in deeper peels. Most cases are due to a complication of the peel such as infection, premature peeling due to picking, or trauma to the new tissue rather than a direct complication of the peel.
11. I do not have any allergies to retinoids, aspirin, Vitamin C, phenol, hydrocortisone, kojic acid and TCA.
12. I understand that there may be some degree of discomfort such as burning, stinging, redness, heat or tightness during and a week after the procedure.
13. I understand if I have any acneic condition in the skin the peel may bring out oils and bacteria from below the surface and can cause an actual breakout.
14. I understand that I must protect my skin with VI Derm SPF 50+ and avoid sun exposure during the 7-day exfoliation process.
15. I understand that no other chemical peels, facial machine brushes or medical device (laser, IPL, etc.) treatments may be performed on my skin until my practitioner releases me to do so.



16. I am not pregnant or breastfeeding, I do not have liver or immune system disorders under active treatment, I do not have inflamed skin and I do not have active cold sores or herpes simplex.

This consent form is valid until all or part is revoked by me in writing. I understand that this consent is valid for all future Vi Peels as well.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_