

INFORMED CONSENT FOR THE PRE-CONDITIONING & BIOPHORA TREATMENT PROCEDURES

Please note that Biophora only performs Enzyme or Lactic Acid Peels. Any other peel (AHA or BHA, etc.) procedures are acquired independently by the individual med-spa, clinic, or physician office and are recommended and used on their patients and clients at their discretion.

The Pre-Conditioning Treatment and/or Peels (hereinafter "Procedure") are not a "cure all" treatment. However, for certain skin conditions, the Procedure can provide marked improvement in the appearance of one's skin. Therefore, it is very important that you have a thorough understanding of what the Procedure can and cannot do for your particular skin condition. In addition, it is imperative that you acknowledge the potential risks associated with the Procedure.

Before subjecting yourself to the Procedure, read carefully the following statements. After you have read the following statements, please sign at the end of the document.

- Members of the staff explained the Procedure and the Home Treatment Program to me in detail.
- I understand that the Procedure is a skin rejuvenation treatment and that I may need several administrations of the Procedure in order to achieve my best results. Adherence to the advised homecare instructions is necessary to ensure my best results.
- I understand that during the time of Pre-Conditioning steps and Procedures, my skin may look red, shiny or can become flaky. I understand that I can expect to have one to two minutes of a stinging or burning sensation immediately after the application of the medication but I understand that any such discomfort will subside within a reasonable time.
- I understand that complications are extremely rare, however they do occur. Therefore, prompt recognition and treatment of any complication is necessary to decrease any potential risks.
- In addition, I understand that it is extremely important to follow all home care instructions exactly, and that notification to _____, is mandatory if the following complications occur. Skin infections, cold sores, or any other allergic reactions that may occur to the treated area.

Options have been discussed with me, as well as answering any questions. I understand and accept the risks and complications, including but not limited to infection, scarring, pigmentation changes, and allergic reactions. I have agreed to inform _____, and/or the skin care technician if I am pregnant or plan to become pregnant or are using or have used Accutane®.

I, _____ give my consent to _____ or the Registered Nurse or Clinical Aesthetician to perform the Pre-Conditioning steps and Procedures on my face or other areas of my body.

Signature of Patient

Signature of Physician or Reg.
Nurse/Clinical Aesthetician