



[www.novamedspa.com](http://www.novamedspa.com)

21785 Filigree Court, Suite 100 Ashburn, Virginia 20147 703.554.1130 fax: 703.554.1133

## **Chemical Peels Pre Treatment Care**

*(Sensi Peel, PCA Peel, MD Formulation 70%, MD Forte %99, Vitalize Peel, and Gel Peels (SM / GL)*

1. Stop using Accutane 1 year prior to the treatment.
2. Stop any type of exfoliating treatment(s) to the area of treatment, 2-4 weeks prior and after your peel.  
\*\*\* Gel Peels: You can combine them with any type of facial or microdermabrasion treatments. \*\*\*
3. Stop applying Retin-A, Renova, Tazorac, and Differin 2 weeks prior and after, to the treatment area.
4. Stop sun tanning or using the tanning bed 2-4 weeks prior and after, to your treatment.
5. Stop any type of depilatory treatments (waxing, depilatory creams) to the area of treatment, 2 weeks prior after your peel.
6. Stop electrolysis, and any type of laser treatments (laser hair removal, IPL) to the area of treatment, 2-4 weeks before & after your peel.

## Chemical Peels Post Treatment Care

*(Sensi Peel, PCA Peel, MD Formulation 70%, MD Forte %99, Vitalize Peel, and Gel Peels (SM / GL)*

1. When cleansing, do not scrub. Use a gentle cleanser such as *SkinCeuticals* Gentle Cleanser.
2. With the **Vitalize Peel**, your skin starts to peel 3 days after the peel and continue to peel for 2 more days. With the other peels, your skin may or may not peel.
3. Do not peel, pick or scratch the treated area, as this may result in scarring.
4. Apply polysporin, bacitracin or Vaseline to dry flaky areas.
5. Do not have any other facial treatments for at least 2 weeks after your peel or until the skin is smooth and back to normal.
6. If given a cortisone cream, please apply it 1-3 times per day to red irritated areas or as directed.
7. Always wear your sunscreen, apply a sunscreen with SPF 30 every morning.



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## Chemical Peels Consent Form

The certified Aesthetician at *The Medical Spa at Nova* has explained to me the process of peeling the skin by various acids which are called chemical peels. I understand that side effects include but are not limited to, increased color, decreased color, infection, pain, bleeding, swelling, scarring or damage to nearby structures, nerves, drug reactions or unforeseen complications.

Please initial the following:

\_\_\_ I have received *The Chemical Peels Pretreatment Care* and *The Chemical Peels Post Treatment Care* sheets as to how to care for my skin prior to and following this procedure and agree to abide by it. I understand that proper sun protection including, but not limited to, the faithful use of broad spectrum UVA-UVB sun block with SPF 30 is vital to proper after care and the reduction of risks of undesired side effects.

\_\_\_ I understand that there is a possibility that this procedure will fail or be unsuccessful or need to be repeated or may require additional treatment.

\_\_\_ I understand my responsibility for following the appropriate aftercare instructions as explained by a certified Aesthetician at *The Medical Spa at Nova*.

\_\_\_ I agree to having photographs taken of my skin for use either in teaching or publications, as the provider at *The Medical Spa at Nova* considers appropriate, unless I notify the provider at *The Medical Spa at Nova* in writing that he/she is not allowed to use these photographs.

\_\_\_ Since multiple treatments may be required, this consent continues for all subsequent treatments by a certified Aesthetician at *The Medical Spa at Nova*, regardless of the time between treatments.

\_\_\_ I further understand that this is a superficial type of peel that normally creates, at most, only 1 or 2 days of mild redness with occasional areas of flaking or peeling skin.

\_\_\_ I am aware that on rare occasions this peel can penetrate deeper in certain areas, causing a crusted scab to form. I understand that if this area is not treated appropriately it could become infected and possibly lead to the formation of a scar. It is my responsibility to contact *The Medical Spa at Nova* if any crusted areas form or if my skin does not look and feel completely normal within one week after my peel. I acknowledge this and desire that this product be applied to my skin.

\_\_\_ I am undergoing this peel in an effort to improve my skin texture and color. I understand I may achieve some improvement in my fine wrinkles as well, but no guarantee has been made to me regarding my level of improvement from this peel. The certified Aesthetician has explained to me that I may need several of these peels to achieve optimal results.

\_\_\_ I understand and am willing to comply with *The Chemical Peels Pretreatment Care* and *The Chemical Peels Post Treatment Care* sheets. I have been asked at this time whether I have any further questions about this procedure and I do not. I understand the procedure and accept the risks, and request that this procedure be performed on me by a certified Aesthetician at *The Medical Spa at Nova*.

By my signature below, I acknowledge that I read "Chemical Peels Consent Form" and understand it.

I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks, benefits and alternatives to this treatment and wish to proceed with the Chemical Peel.

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_  
(Please print)

Client's Signature: \_\_\_\_\_

Provider's Name: \_\_\_\_\_  
(Please print)

Provider's Signature: \_\_\_\_\_