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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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Vitalize Chemical Peel Information and Consent Form

Patients with a history of herpes simplex, cold sores or warts in the area to be treated should be excluded from the "Vitalize Peel" because the procedure could potentially precipitate a flare up or spreading.

Patients with a history of allergies, rashes, or other skin reactions may be sensitive to treatment. "Vitalize Peel" should not be performed on patients with an allergy to salicylates (e.g. Aspirin).

This peel is not recommended if you have taken Accutane within the past year, or received chemotherapy or radiation therapy.

This procedure should not be administered to pregnant or breast feeding (lactating) women.

Two Weeks Before Your Treatment

Avoid the following procedures or treatments for two weeks prior to your peel:

- Depilatory creams
- Electrology
- Laser Hair Removal
- Waxing
- Stop using Retin-A, Renova, Differin (Adapalene 0.1%), or any products containing Retinal.

**** Do not exfoliate for three days before your treatment.*

After the Treatment

- Immediately after the peel your skin will be light yellow. This will fade in a few hours.
- Patients with hypersensitivity to the sun may be more sensitive and should take extra precautions to guard against exposure immediately following the procedure.
- Your skin may be more red than usual the first 2 or 3 days. Please avoid exercise during this time.
- Approximately 48 hours after the treatment, your skin will start to peel. This will generally last 2 to 3 days. Do not **PICK** or **PULL** the skin, as this will result in scarring.
- When washing your face use a gentle cleanser, do not scrub. (*SkinCeuticals Gentle Cleanser*)
- Apply a light moisturizer as often as needed to relieve any dryness or tightness. (*SkinCeuticals Hydrating B5 Gel*)
- Use sunscreen with an SPF of at least 30 and avoid direct sunlight as much as possible for

- 2 to 3 days after the treatment.
- Do not have any other facial treatment for at least one week after your peel.
- You may resume the regular use of Retin-A, Alpha-hydroxy Acid (AHA) products or bleaching creams **ONLY** after the peeling process is complete.

Call the office if you have any unexpected problems after the procedure.

I understand that medical treatment is not an exact science and the degree of improvement is variable. _____ (initial here)

I understand that occasionally there is no improvement and another form of treatment may be required. _____ (initial here)

By my signature below, I acknowledge that I read "Vitalize Chemical Peel" information and 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 and benefits of this treatment and wish to proceed with the "Vitalize Chemical Peel".

Clients Signature: _____ Date: _____

Clients Name _____

(Please Print)

Providers Signature: _____ Date: _____

Providers Name _____

(Please Print)