Informed consent form

Laboratoire Dr Renaud

I acknowledge having informed _____ of my health problems, especially those that could interfere with the peels: pregnancy, surgery or other recent facial procedures, infections, tendency to develop cold sores (herpes), and use of a product containing vitamin A acid (tretinoin), such as Retin-A or Tazorac, or a medication for treating acne (e.g., Accutane).

I have been informed that peels can cause some degree of discomfort, such as tingling or burning.

I understand that there are no guarantees regarding the results, which vary from person to person. I understand that some people show visible signs of peeling, but that the signs are not always visible.

I understand that this is a cosmetic treatment that does not involve any medical professional liability.

I understand that several sessions will be required to obtain optimal results.

I understand that complications, although rare, can occur. Possible complications include the appearance of small blisters, scabs and changes in pigmentation. These complications are often temporary and must be treated promptly to avoid any after-effects. If I experience a complication, it is my responsibility to notify _____ as soon as possible.

I agree to avoid suntanning or visiting a tanning salon throughout the duration of the treatment and for a minimum of 14 days following the last session.

I understand that a scheduled session will be automatically cancelled if I expose myself to the sun without protection.

I acknowledge that I have not received a peel within the past two weeks and that I must not receive any other peel or facial treatment for the next two weeks.

I have read and clearly understood this document and I accept all the terms. I will follow all the post-peel recommendations that have been explained to me or specified in the document provided.

INITIAL TREATMENT

DATE	CUSTOMER'S SIGNATURE	AESTHETICIAN'S SIGNATURE

ADDITIONAL TREATMENTS

DATE	CUSTOMER'S SIGNATURE *	AESTHETICIAN'S SIGNATURE**

* Customer's signature: I have reread the consent form and I certify that there have been no changes to my condition since the last treatment.
** Aesthetician's signature: I have reviewed the data to date and confirm the stability of the customer's condition. I can therefore proceed with today's peel.