

CONSENT AND RELEASE FORM DERMASWEEP PEEL-INFUSION

Patient's Name (PRINT): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

Email address: _____

The instructions provided in this informed consent should be followed by all patients receiving a DermaSweep MD peelfusion Procedure, which is a combination of a mechanical exfoliation and a chemical peeling procedure. You will be asked to sign this form acknowledging that you have read and understood all of the information presented.

Indications:

The use for the Dermasweep MD Peelfusion Procedure include the treatment of fine lines and wrinkles, sun-damaged skin, hyperpigmentation, superficial age spots, melasma, acne, oily skin.

The DermaSweep MD Peelfusion procedure involves the use of a vacuum to increase blood circulation in the treated area, and the bristle tip to removes the epidermal layer of the skin in conjunction with an infusion of a Jessner's and/or TCA Peelfusion, which is a chemical peeling agent.

I understand the following can be expected after a DermaSweep MD Peelfusion Procedure. _____

- Immediate pinkness or redness of the skin which can last up to 3 days.
- Tight feeling of the skin for 2-3 days.
- Possible darkening of the skin on the 2nd day or 3rd day, which can last up to 7 days.
- Peeling or flaking of the skin starting on day 2 to 5, which can continue for 7-10 days; depends on the strength of the Peelfusion.
- Possible swelling, particularly around the eyes, after a more aggressive Peelfusion Procedure (minimized with ice packs).
- Dryness and/or itching of the skin.

I understand the possible following side effects or complications could potentially occur with mechanical exfoliation and/or chemical exfoliation, as they can occur with any other form of cosmetic or surgical

treatment. Careful attention to the doctor and/or trained skin care professional's instructions is imperative to produce the best results. _____

- Skin infection (pus, oozing, fever).
- Appearance of a cold sore on the lips or any other portion of the peeled area.
- (Note: the cold sore can spread if not cared for immediately!)
- Allergic reaction, ace, acne flare-up, or irritation to any of the creams or medication.
- Wind or sun sensitivity; sun may increase the possibility of swelling and redness.
- Extreme reactions, such as scarring or keloids.
- Increase or decrease in skin pigmentation, which does not blend with normal skin after healing from treatment.

I confirm I am not pregnant, I have not used Accutane or other oral retinoid products in the past 12 months and I have not used a topical retinoid (Retin A, Differin, Tazorac) in the past month. _____

I have informed my physician and/or skin care provider if I have any of the following conditions: history of pigmentation disorder, history of keloid scarring, active herpes simplex, recent peels or laser treatments, recent sun exposure, autoimmune disease, and/or any surgery in the past six months. _____

Patient's Signature: _____ Date: _____

Operator's Signature: _____ Date: _____