



CONSENT & INDEPENDENT TREATMENT INFORMATION FORM

*****By agreeing to this treatment/procedure, you are agreeing to all the aspects, positive and negative, of this treatment, as well as all costs thereof.*****

The following information constitutes part of the terms and conditions of receiving this particular treatment, and aligns with the Consumer Protection Act. This document in particular sets out:

- the conditions under which the treatment will be provided to you,
- your acceptance of the risks as contained in this document as well as any further risks which your Therapist will inform you of; and
- your undertaking to adhere to the rules and instructions contained in this document, as well as all additional instructions given to you by the Therapist or any other staff member at NuSkin Innovation.

PATIENT INFORMATION PRIOR TO TREATMENT *(this information is important and you must be honest with the Therapist who takes this information, to ensure that all aspects that may be relevant to the treatment are considered, correct information assists your Therapist with the correct treatment plan)*

Patient: _____

Date: _____

***** PLEASE READ THIS TOGETHER WITH OUR GENERAL TERMS AND CONDITIONS FORM WHICH YOU COMPLETED WHEN YOU VISITED THE PRACTICE FOR THE FIRST TIME.*****

RISKS COMPLICATIONS AND INSTRUCTIONS

PRE-TREATMENT RECOMMENDATIONS

It is important to ensure that you prepare for your treatment in the best possible way. The following are some pre-treatment instructions to help you along the way to a successful treatment and is highly dependent on your cooperation.

1. Treatment cannot be provided to clients that are recently tanned or sun burnt, therefore please stay out of the sun and avoid the use of tanning beds and self-tanning creams for a minimum of 4 weeks prior to treatment. Tanning is one of the biggest factors that clients can inadvertently do to decrease either the safety or efficacy of their treatment.
NOTE: Please do not use any product that discolours skin for a minimum of 4 weeks prior to treatment. No treatment can be done before skin has returned to normal skin colour.
EXCEPTION: continue using hydroquinone or whitening agents.
2. No facials/exfoliation, microdermabrasion or any form of exfoliating within 3 – 4 weeks prior to treatment and thereafter. Avoid any irritants to your skin including glycolic and salicylic acids, benzyl peroxide, astringents and Vitamin C and depilatory creams.
3. No masks or scrubs 2 weeks before & after treatment.
4. Roaccutane (or generics) usage to be stopped at least 3 – 6 months prior to treatment depending on dose.
5. Avoid Retin-A products and any other topical retinoids (Differin etc) 2 weeks prior and 2 weeks after treatment.
6. Do not use antibiotics for 2 weeks – 1 month prior to treatment.
7. No cortisone (oral & topical) 1 month before & after treatment.
8. No medication which thins skin or makes it sensitive to sun. Sensitive skin due to harsh treatments should first return to normal. If any laser treatments which might have caused peeling/scabbing have been performed, skin should first be fully healed before another treatment can be done.
9. Do not wax, tweeze or use depilatory creams 1 week before treatment.
10. If you have a history of perioral herpes (fever blisters) begin prophylactic antiviral therapy the day before treatment.
11. It is best not to wear make-up on any area to be treated.
12. Do not schedule an appointment if you are pregnant or think you are pregnant.
13. On day of treatment:
 - Wash your face
 - Omit lotions, creams, make up or deodorant in areas to be treated.
14. Inform therapist of any changes in medical history and of all medications you are taking, eg. Anti-coagulants (blood thinners) or Diuretics.

NORMAL SKIN REACTIONS DURING AND AFTER TREATMENT

1. Immediate stinging or burning, itching and redness. Redness may be present for up to one week.
2. 2% of the population may experience a Glycolic sensitivity (can result in mild discomfort and red bumps that can last for 48 hours).
3. Post peel tightness of the skin may occur for the first 24 - 48 hours.
4. Your skin may begin to flake and peel, usually starting between the eyes, around the mouth and nose.
5. Sun damage spots will turn darker prior to peeling.
6. Flushing or erythema may last 1 – 24 hours or longer.
7. Marked reaction can last up to 3 weeks with erythema and crusting.
8. If swelling occurs, use ice water compresses for 24 – 48 hours intermittently as needed.

POST –TREATMENT INSTRUCTIONS

Once you have undergone your treatment, you should follow some post-treatment instructions to make the most of your treatment.

1. Absolutely no sun exposure for 48 hours or till redness settles.
2. Start using sun block SPF 50 the day after the treatment. Apply SPF as a thick layer at least 20 minutes before sun exposure.
3. Do not pick, peel, scrape or scratch the treated skin – this will cause scarring.
4. Rinse the treated area with water and pat dry for 1st day after treatment. Do not scrub. Use cool or tepid water.
5. For 3 - 5 days after treatment, ideally avoid shaving, waxing, tweezing or depilatory creams on the treated area.
6. Moisturisers and other skin care products (dye, perfume and fragrance free) are recommended to use after treatment to reduce skin irritation. Moisturise the treated area at least 4 times per day. Your therapist can recommend the best product.
7. There are no restrictions on bathing except to treat the skin gently, as if you had sunburn, for the first 24 hours.
8. No facials/exfoliation, microdermabrasion or any form of exfoliating within 3 – 4 weeks prior to treatment and thereafter.
9. No masks or scrubs 2 weeks before & after treatment.
10. Do not use Retin-A products 2 weeks prior and 2 weeks after treatment.
11. No medication which thins skin or makes it sensitive to sun.
12. Make-up may be applied 24 hours after treatment as long as there is no inflammation, irritation or severe redness of the treated area. If scabbing or crusting occurs, no make-up should be applied until these have cleared.
13. You may want to avoid wearing tight fitting glasses for the first day or two. Pressure from the nosepiece could cause deepening of the peel in that area.
14. Do no exercise few hours after treatments, since perspiration may aggravate the treated area.
15. In order to achieve maximum benefit from the peels/laser treatment, it is best done as series of treatments while in conjunction using the products recommended by you therapist.

INFORMED CONSENT TO TREATMENT

I acknowledge that:

1. I have received a detailed verbal explanation (and, if applicable, written information) by the treating Therapist on the method of the above mentioned treatment.
2. I have had all the treatment options with my condition explained as well as the expected results, the benefits and I have freely and voluntarily chosen this particular option.
3. I understand all post-procedure recommendations, instructions and requirements and agree to adhere to them.
4. I have had the opportunity of asking questions in order to understand the process and treatment plan clearly and all questions have been answered to my satisfaction and understanding.
5. I have the right to consent to or refuse any proposed procedure at any time prior to its performance. The implications of refusal have been explained to me.
6. I understand it is of great importance that the therapist is made aware of any medical conditions/health care changes and that this must be discussed prior to this or subsequent treatments.
7. I agree that should I feel uncertain about the procedure or if I have any questions or queries I will contact NuSkinnovation.
8. I have confirmed the information contained in the Health Checklist with the Therapist and further confirm that the information contained therein is accurate and correct.
9. I understand that, as with most healthcare interventions, results and outcomes of treatment may vary from person to person.

I further understand that the procedure may cause swelling of my face, or area being treated and this may be uncomfortable. The procedure may cause my skin to appear red and peel as if sunburned.

During and after the procedure, the following may be experienced; stinging, itching, burning, mild pain, tightness, peeling and scabbing of the superficial layers of the skin. These sensations will gradually diminish over the course of the week as the skin returns to its normal appearance. However some patients may react differently. For example, in severe cases the skin may turn very red, blister, swell and later scab and crust. The skin may be uncomfortable and look like a very bad sunburn. The peeling usually last about three to seven days, although it may last longer. I understand that there is a risk (although small) of developing a temporary or permanent pigment (colour) change in the skin. There is a small incidence of the reactivation of "cold sores"(herpes infections) in patients with a prior history of herpes. There is also a small incidence of a flare of acne like lesions after the peel. There is a rare incidence of scarring and infection. I am aware of the fact that it is important to wear a SPF50+ sun block on a daily basis. Also the use of medicines such as Roaccutane, any Retin A and antibiotics may cause complications

My signature below constitutes my acknowledgement that I, _____ (print full names and surname) am a competent, consenting adult of at least 18 years of age, and further, that I -

I therefore freely and willingly consent to, and authorize _____ to perform the procedure.

I have read and understood and signed the terms and conditions of NuSkinnovation PTY Ltd (e.g. on when I should pay, etc.) and understand that it forms part of the agreement to receive the treatment I am hereby consenting to.

I have received a quotation/estimate for this treatment/procedure which quotation/estimate I have accepted and payment has been arranged. I understand that I have to settle the account for my treatment before leaving the clinic and that my medical scheme will in all likelihood not cover the costs of this treatment if I want to claim a reimbursement from them.

Client Signature

Printed Full Name of signatory

Date