

## INFORMED CONSENT FOR PRX-T<sub>33</sub> TCA/ H<sub>2</sub>O<sub>2</sub>/KOJIC PERFECT INTENSE LIQUID

It is important that you clearly mark any areas of this form that you wish to have clarified or discussed further. It is ultimately **YOUR** responsibility to ensure that you understand, in full, the **PRX-T<sub>33</sub> TCA/ H<sub>2</sub>O<sub>2</sub>/KOJIC PERFECT INTENSE LIQUID** application and the expected outcomes **BEFORE** your treatment commences. **PLEASE READ ALL OF THE FOLLOWING CAREFULLY AND SIGN, WHERE INDICATED.** You must ensure that all the points below have been discussed with your specialist. You are signing to state you understand and accept the terms of your treatment.

### **TERMS OF YOUR TREATMENT:**

- **PRX-T<sub>33</sub> TCA/ H<sub>2</sub>O<sub>2</sub>/KOJIC PERFECT INTENSE LIQUID** is an elective cosmetic procedure that is not medically necessary. \_\_\_\_\_(initial)
- Some results can be cumulative for optimal effects to be achieved and you may be required to return for additional treatments before your overall procedure is deemed complete. The payment for any additional treatments, if applicable, will be agreed with you prior to your treatment commencing. \_\_\_\_\_(initial)

### **I MUST INFORM THE TECHNICIAN IF:**

- I am pregnant or breast feeding;
- I am using isotretinoin or topical retinoids.

### **IN THE DAYS FOLLOWING THE PRX-T<sub>33</sub> TCA/ H<sub>2</sub>O<sub>2</sub>/KOJIC PERFECT INTENSE LIQUID APPLICATION, THE FOLLOWING REACTIONS MAY ARISE:**

- Widespread or patchy redness, which in extremely rare cases can last up to a few days. \_\_\_\_\_(initial)
- Late exfoliation, that can last a few days if the stratum corneum is highly thick. \_\_\_\_\_(initial)
- Darker round spots during the next two days: these are due to the drying of thicker skin areas. They will disappear with exfoliation in a few days. \_\_\_\_\_(initial)

### **CONTRAINDICATIONS:**

- |                                      |   |
|--------------------------------------|---|
| • History of skin cancer             | • Seborrheic dermatitis                       |
| • Steroids                           | • Allergy to kojic acid                       |
| • Lupus and other autoimmune disease | • Allergy to latex (if latex gloves are used) |
| • Taking antihistamines regularly    | • Pregnancy & breastfeeding                   |
| • Irritated and/or irritable skin    | • Cutaneous and/or herpetic eruptions         |

### **SIDE EFFECTS**

- Conjunctival irritation due to unintentional contact. \_\_\_\_\_(initial)
- Itchiness alongside reddening, papules and 'micro' blisters, due to allergic reaction to kojic acid or latex gloves. \_\_\_\_\_(initial)
- Late delimited inflammation, that can arise from the day after the application: it appears as reddening and/or swelling in some of the areas of application; they are usually caused by an irritation of an area that was already damaged at the time of the application (subclinical dermatitis, recent waxing, etc.) \_\_\_\_\_(initial)
- Skin abrasions caused by a too vigorous massage. If this is the case, scarring and hyperpigmentation may appear. \_\_\_\_\_(initial)
- In the event of side effects causing persistent inflammation, there is a risk of hyperpigmentation in predisposed subjects. \_\_\_\_\_(initial)

I, \_\_\_\_\_ (patient name) Hereby authorize \_\_\_\_\_ (technician name), to perform the **PRX-T<sub>33</sub> TCA/ H<sub>2</sub>O<sub>2</sub>/KOJIC PERFECT INTENSE LIQUID** application on me. I understand that multiple treatments may be needed and in rare cases no improvement may be seen.

Photographic documentation will be taken. I hereby grant \_\_\_\_\_ (Technician Name) consent to take photographs BEFORE, DURING and AFTER my **PRX-T<sub>33</sub> TCA/ H<sub>2</sub>O<sub>2</sub>/KOJIC PERFECT INTENSE LIQUID** application. I agree to these being stored with my case file and for technician to use such photographs for the purpose of marketing and advertising unless otherwise indicated.

My questions regarding this procedure have all been answered to my satisfaction I understand the procedure and accept the risks. I hereby release \_\_\_\_\_ (Technician Name) and all affiliated with \_\_\_\_\_ (Practice Name) from all liabilities associated with the above indicated procedure throughout the treatment process.

No guarantee, warranty, or assurance has been made to me as the results that may be obtained. I am aware that additional treatments may be necessary for desired results. Clinical results vary patient to patient, and I understand that. I agree to adhere to all safety precautions, pre and post care during treatments. I understand all payments are non-refundable.

ACKNOWLEDGEMENT: BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THE PERMISSION FORM FOR **PRX-T<sub>33</sub> TCA/ H<sub>2</sub>O<sub>2</sub>/KOJIC PERFECT INTENSE LIQUID** AND THAT THE DISCLOSED HEREIN WERE MADE TO ME

Client Signature

Print Name

Date

**INFORMED CONSENT FOR PRX-T<sub>33</sub> TCA/ H<sub>2</sub>O<sub>2</sub>/KOJIC PERFECT INTENSE LIQUID****MEDICAL HISTORY**

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

Address \_\_\_\_\_ Tel # \_\_\_\_\_

Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Email: \_\_\_\_\_

**Have you had in the past or do you currently have:**

Epilepsy, dizziness or seizure related issues	Y N	ANY Autoimmune disease (Lupus, MS, etc).	Y N
Diabetes	Y N	Asthma, COPD , Emphysema, lung issues	Y N
Heart Disease(pacemaker)	Y N	Hemophilia or other blood disorders	Y N
Kidney/liver disease	Y N	Malignant cancer if so what and when	Y N
Organ Transplant	Y N	HIV/AIDS	Y N
Hepatitis	Y N	Alopecia	Y N
Anemia	Y N	Shingles(less than 6 months)	Y N
Keloid scars	Y N	Blood thinners	Y N
Pigmentary issues hyper/hypo	Y N	Taken Accutane (within 6 months).	Y N
Herpes Simplex (cold sores)	Y N	Issues healing	Y N
Skin condition(eczema,rosacea,etc)	Y N	Vitiligo	Y N
Gold therapy	Y N		
Thyroid issues	Y N		

Any health concerns not listed above or ailment you feel we should know about which could prevent safe and effective treatments? If so, please list \_\_\_\_\_

List any and all medication you are currently taking, including herbs and vitamins, cannabinoids, anti-depressants, etc.

\_\_\_\_\_

Do you have birth marks, port wine stains or cosmetic tattoos on the area you are looking to treat? Y / N

Any allergies to kojic acid or latex? Y / N

Are you pregnant or breast feeding? Y / N

Have you ever been diagnosed with an autoimmune disease? Y / N

Have you had Surgery (laser or other) on the area being treated in the last 3 months? Y / N

Do you have any respiratory problems such as Asthma or pulmonary problems like Emphysema, COPD or Bronchitis?

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If so, please list: \_\_\_\_\_

Are you taking or have you applied any oral/topical steroids or corticosteroids in the last 6 months? This would include medication such as Accutane for Acne and Hydrocortisone for Eczema.

If so, please list: \_\_\_\_\_

Are you currently under the care of a physician? If so, for what? Y / N

\_\_\_\_\_

Have you had any recent sun exposure/Tanning beds/Creams/ Spray Tans? Y / N

If so...when? \_\_\_\_\_

Do you use sunscreen? \_\_\_\_\_ What SPF? \_\_\_\_\_ Do you scar easily? \_\_\_\_\_ Do you heal quickly? \_\_\_\_\_

Do you have, or are you planning to have any neurotoxins (Botox), fillers, laser treatment, chemical peels or plastic surgery in the near future? Have you had any in the last 3 months?

If so, please list: \_\_\_\_\_

Do you regularly use Retinol-A, Glycol or any other exfoliating product? Y / N

Have you received any skin boosting / skin rejuvenation treatment before? Y / N

If YES please answer the following questions:

How long ago was your treatment? \_\_\_\_\_

What procedure did you receive? \_\_\_\_\_

I certify that the preceding medical and personal statements are true and correct. I am aware that it is my responsibility to inform the technician and any staff at \_\_\_\_\_ (Practice Name) of my current medical health and to update them in the event of any changes.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_