VISUAL Changes®
SKIN CARE INTERNATIONAL

PROFESSIONAL CONSENT

POTENTIAL RISKS AND WARNINGS FOR THE DOCTOR, HIS STAFF AND/OR AESTHETICIAN PERFORMING ANY OF VISUAL CHANGES® PROFESSIONAL TREATMENTS

We recommend that you complete the following for every patient PRIOR to performing professional skin peels.

1. Have a Patient Profile Form completed by the patient and then thoroughly reviewed by a licensed skin care professional.
2. Take photos of all areas of the patient's skin that is being treated.
3. The skin should be thoroughly analyzed and notes made in the chart to include the corresponding date.
4. All contraindications should be observed and addressed.
5. The patient should be placed on Home Care Compliance and have AM and PM instructions for pre- and post-treatment care. Furthermore, all skin should be preconditioned prior to performing any professional skin peel. See directions for this in Section 4 of the Product Profiles & Procedures Manual.
6. The patient should sign and date a consent form and be provided with a copy.
7. A patch test should be performed prior to any procedure.
8. Your station should be set up with neutralizer for acids and an eyewash station in case of emergency. Should any acid solution get into the eye, flush the eye thoroughly with water and eyewash for at least 20 minutes. IMMEDIATELY SEEK MEDICAL ATTENTION. Any other resources needed for a safe, effective treatment should also be present.
9. To avoid permanent scarring, uneven texture or hyperpigmentation, do not exceed recommended strengths or layers of our professional products as explained in our Product Profiles & Procedures Manual.

POTENTIAL RISKS FOR YOUR PATIENTS

The following is a statement of potential risks that your patients must be made aware of prior to their first treatment. Each patient should sign a similar statement indicating that they are aware of the potential risks.

I have been informed that most people suffer no adverse side affects. However, no guarantee can be made that this will not occur. The following is a list of potential side effects that may result from the use of the procedure, such as, but not limited to the following: (a) Eye injury. If chemicals get into the eye, scarring and vision disturbances may occur. We will use protective eye coverings for this reason. (b) Erythema (skin redness) is usually minimal and short in duration. (c) Edema (swelling) is usually very minimal, short-lived and observed mostly at extraction sites. (d) Scabbing and peeling are usually superficially mild and short in duration. I understand that picking at scabs or pulling off skin is contraindicated and could result in scarring; therefore, I agree not to pick at scabs or pull off skin. (e) Infection may occur but is extremely unlikely. (f) An outbreak of herpes may occur in virus-carrying individuals. It is recommended that you ask your physician for medication to suppress such an outbreak. (g) Scarring is very unusual but may occur. (h) Pigmentation and/or texture changes, although extremely rare, may temporarily or possibly permanently occur. (i) Demarcation refers to the difference in pigmentation and/or texture that may occur at the junction between treated and non-treated skin areas. (j) Blemishes such as moles, blood vessels (telangiectasia), freckles and sun spots may become more obvious and darker after the procedure since layers of dead skin have been removed. (k) Milia (white heads) may occur but will usually disappear quickly. (l) Hair growth. If Dermaplaning is administered, hair is expected to grow back blunt-ended. New hair will not appear darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern and cause a darker and denser restoration process. (m) Allergic reactions to topical skin preparations may occur. I have read the above. I understand the above and accept the potential risks.________

I have read and understand all of Visual Changes® professional treatments, potential benefits, risks, and procedures. I have had sufficient opportunity to discuss these procedures and all accompanying skin care products with a representative of Visual Changes Skin Care International, Inc.®. All of my questions have been answered to my satisfaction. I agree to follow all recommendations for this treatment and to stay within the parameters laid out for me to perform a safe, effective treatment for my patients. I accept the risks, understand the procedures in their entirety, and have adequate skills and knowledge with which to perform these procedures. Should any complications arise as a result of these procedures or associated products, I agree to notify Visual Changes Skin Care International, Inc.® immediately.

I____, hereby fully release, discharge and agree to indemnify, defend, and hold harmless Visual Changes Skin Care International, Inc.®, including trainers, employees, shareholders, agents, affiliates, subsidiaries, successors, assignees, and beneficiaries from and against any and all claims, demands, losses, costs, expenses, and/or liability, including, but not limited to, medical complications, injury or death, arising out of or relating to any of the procedures, demonstrations, and/or products distributed by Visual Changes Skin Care International, Inc.® _______

SIGN____DATE________________________

PRINT NAME____TEL#________________________