



PATIENT NAME _____ **DOB** _____

The SkinCeuticals clinical procedure(s) is not a cure all epidermal treatment. However, for certain skin conditions, these clinical procedures can provide marked improvement in the appearance of one's skin. Therefore, it is very important that you have a thorough understanding of what clinical procedure(s) can and cannot do for your particular skin condition. In addition, it is imperative that you acknowledge the potential risks associated with administration of clinical procedure(s).

The foregoing list is not intended to be a complete or exhaustive list of all possible problems or complications, which may arise as result of the clinical procedure. Should one or more of the foregoing complications arise, please notify Dr. Anne Rowland and or staff immediately.

Discomfort is generally minimal and will subside after a short duration.

Swelling is unusual. If it occurs, it is minimal. Usually it will subside in a few hours to few days.

Reddening is a red discoloration may persist anywhere from few minutes to several days.

Demarcation is a difference in color, texture or pigmentation that may occur at the junction between the treated and non-treated skin areas. This is unusual with epidermal procedures.

Existing Blemishes, moles, blood vessels, freckles or sun spots may become more obvious and darker since layers of dead skin may have been removed.

Eye Injury caused by chemicals getting into eye, scarring and vision disturbance may occur.

Pigmentation is rare and usually temporary but possibly permanent changes in the skin color can occur.

Milia may occur but will usually disappear quickly.

Infection is extremely unlikely, but may happen.

Hair Growth if the dermaplaning phase is administrated, hair is expected to grow back blunt ended. New hair will not appear darker or dense.

In general any and all risks and complications can result in additional surgery, hospitalization time off work and expenses to you. Early detection and treatment may minimize future complications.

Patient Signature _____

Date_____