



LOOK YOUNG
ATLANTA

Name _____ Birthdate ____ / ____ / ____ Sex M / F
 Email _____ Phone _____
 Address _____ City _____ Zip _____
 Emergency Contact _____ Number _____
 Allergies _____
 How did you hear about Look Young Atlanta? _____

Please circle any past or current medical conditions:

Lupus / Auto-Immune Deficiency	Accutane Treatment	Diabetes
Pregnant	Keloid or Thick Scarring	Epilepsy
Bleeding Abnormalities	Herpes Simplex / Fever Blisters	Scars that turn white or brown
Dark Spots after Pregnancy	Psoriasis or Vitiligo	Leg Ulcer or Phlebitis
Blood Thinning	Rheumatoid Arthritis	Cystic Acne
HIV	Hepatitis	Waxing/Plucking in last 4 weeks
Hirsutism	Transplant Anti-rejection Drugs	Skin Cancer
Permanent Makeup	Surgical Implants	Metal Implants
Chemical Peels	Microdermabrasion	Laser Resurfacing or Facelift

Please list any past or current medical conditions that are not listed above:

Please list any medications or herbal supplements that you are currently taking, including topical medications:

Please circle any procedures about which you would like to receive more information:

Weight Loss/More Energy	Hormone Replacement Therapy	Laser Hair Removal
Botox/Fillers	Sun Damage Removal	Wrinkle Removal
Decreasing Pore Size	Decreasing Acne Scarring	Laser Vein Removal

By my signature below, I certify that the above medical information is true and accurate.

Signature

Date



PATIENT CONSENT FORM
FOR VI Peel

This procedure involves the application of a topical chemical to the affected skin.

The VI Peel is a program of treatments. Several peels may be required to achieve the best possible results. The degree of improvement is dependent upon many different variables and cannot be guaranteed. Following the post-peel instructions exactly is necessary to maximize the improvement of the skin.

The potential benefits of this procedure can include the improvement of fine lines, thinning of keratoses, softening of the skin and improvement of acne.

___ I have chosen to undergo this procedure after considering the alternative forms for my conditioning including non-treatment or other procedures. Each of these alternative forms of treatment has its own potential benefits, risks and complications.

___ I understand that there are potential risks and complications associated with any medical or surgical procedure. I acknowledge that no guarantee has been made to me about the results of this procedure. Although it is impossible to list every potential risk and complication, I have been informed of some of the possible risks and complications of this procedure, which may include but are not limited to the following:

Swelling, redness, scabbing, or peeling of the treated skin or surrounding areas, infection, cold sores, prolonged skin sensitivity to wind and sun, and areas of persistent increased or decreased pigmentation.

The potential risks and complications could result in the need to repeat the procedure or require additional medical treatment or surgical procedures. It is very rare that a permanent disability occurs. I recognize that during the course of treatment, unforeseeable conditions may require additional treatments or procedures. I request and authorize qualified medical personnel to perform such treatments or procedures as required.

** For patients under the age of 18 years, a parent or guardian will need to be responsible for reading, acknowledging and signing the Consent Form for their child as well as being on the facility's premise during treatment(s).

Arbitration and Dispute Settlement. Except for claims for injunctive or equitable relief, any dispute arising under this Agreement shall be finally settled in accordance with the Comprehensive Arbitration Rules of the Judicial Arbitration and Mediation Service, Inc. ("JAMS") by an arbitrator appointed in accordance with such Rules. The arbitration shall take place in Atlanta, Georgia, in the English language, and the arbitral decision may be enforced in any court. The award rendered by the arbitrator to the prevailing party in any action or proceeding to enforce this Agreement shall include costs of arbitration, reasonable attorneys' fees and reasonable costs for expert and other witnesses, and any judgment on the award rendered by the arbitrator may be entered in any court of competent jurisdiction. ALL CLAIMS MUST BE BROUGHT IN THE PARTIES' INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING, AND THE ARBITRATOR MAY NOT CONSOLIDATE MORE THAN ONE PERSON'S CLAIMS. YOU AGREE THAT, BY ENTERING INTO THESE TERMS, YOU AND LOOK YOUNG ATLANTA, LLC ARE EACH WAIVING THE RIGHT TO A TRIAL BY JURY OR TO PARTICIPATE IN A CLASS ACTION.

ACKNOWLEDGMENT

By my signature below, I certify that I have read and fully understand the contents of this permission form for Laser Genesis treatment, and that the disclosures referred to herein were made to me.

Signature

Date



Patient Guidelines for VI Peel

Post Peel Treatment Guide

Day 1 (Treatment Day)

Stay out of the sun as much as possible. Try to leave the peel on the skin for 6 hours. If you experience severe burning, stinging or redness try to leave it on for a minimum of 2 hours.

You may apply makeup as tolerated.

Between an hour and 30 minutes before bed, wash your skin with a very gentle cleanser. Do not use anything that has salicylic acid or any other harsh chemicals. We highly recommend the VI Derm Cleanser. After drying your face thoroughly, apply the VI Peel Post Peel towelette. Be sure to rub your skin with the towelette, especially on problem areas.

Day 2

Wash your face in the morning with a gentle cleanser and apply the Post Peel Moisturizer and Sunscreen. You may apply the moisturizer as often as needed.

You may wear makeup as tolerated.

In the evening, wash your face before bed and use the second towelette on the entire treated area, again rubbing thoroughly on problem areas.

Day 3-7

Continue to wash your face twice a day with a gentle cleanser and use sunscreen anytime you are in the sun.

Peeling will typically begin on the 3rd or 4th day and conclude around day 7.

You may wear makeup as tolerated (but some makeups may make peeling appear more prominent).

Day 7 and on

You may resume your normal skin care regimen. To preserve results, we highly recommend adding VI Derm Complete Care to your regimen. If you don't apply sunscreen daily, we suggest that you start.