Dundrum
Cosmetic Clinic
Invest in yourself

ZO Skin Health Protocol: Consent Form

Please read carefully and TICK one of the following:

Are you pregnant or lactating?

Yes no

Have you used Accutane or any prescription retinoid products (Retin-A®, Renova®) in the last 3 months?

Yes no

Have you used products containing retinol in the past week?

Yes no

Are you allergic or sensitive to aspirin?

Yes no

Are you undergoing any type of radiation or chemotherapy?

Yes no

Do you have herpes or cold sores?

Yes no

Within the last week, have you had any facial waxing, electrolysis or used any depilatories?

Yes no

Do you have any form of auto-immune disease (diabetes, lupus, etc.)?

Yes no

Specify:

Do you have a sensitivity or allergy to: yes no

Lactic Acid:

Citric Acid:

Salicylic Acid:

Retinol (Vitamin A):

Latex:

Have you had facial cosmetic surgery in the last month (laser resurfacing, dermabrasion, chemical peel, face lift, blepharoplasty, Botox®, injectible fillers)?

Yes no

*Note: Some redness is anticipated after the peel. It will disappear within a few minutes.

Printed name: _________________________

Signature: _____________________________

Date: ________________________