

# INTERNATIONAL DAY SPA

## Acne Skin Therapy Agreement

(909) 793-9080

It is very important that you understand fully the use of our pharmaceutical strength products. To avoid any misunderstanding, we ask for your written assurance that you fully comprehend all aspects of your skin regimen. Thank you in advance for your faith in us as skin care professionals.

*Please read the following pages carefully. YOU MUST INITIAL EACH LINE, indicating that you fully understand each statement. Do not hesitate to ask questions.*

\_\_\_ I have read and understand the home care instruction sheet and agree to follow directions exactly.

\_\_\_ I understand my beginning schedule for medication therapy, I also understand that exceeding the recommended time limits can also cause severe discomfort. I will use extreme caution when treating the delicate tissues of the neck.

\_\_\_ I will not use other products while on this treatment system.

\_\_\_ During the initial weeks of therapy, I may experience some dryness, redness, itching, flaking, tightness, temporary darkening, blotchiness, and mild peeling. This is temporary and will subside as my skin adapts to the products.

\_\_\_ When applying medication, I will avoid the eye area and consult my skin care specialist if using it on other parts of my body, especially my neck.

\_\_\_ I realize some medications will make my skin sun sensitive, and I agree to wear a non-acnegenic Murad SPF 15 sunblock daily.

\_\_\_ In the event of a poison ivy-type rash, I will discontinue the use of all medications and will call my skin care specialist immediately.

\_\_\_ I understand that all products should be kept out of reach of children.

\_\_\_ I understand that I must wash my hands thoroughly after each application of therapeutic products.

\_\_\_ I understand that a small number of patients may develop an allergy to certain therapeutic products (such as hydroquinone), and that in such cases, products will be exchanged for alternate treatment products.

\_\_\_ I agree to be consistent in using my products and understand that failing to do so may result in new breakouts and/or razor bumps. I understand that these are treatable disorders, with no cure.

\_\_\_ I understand that many factors can affect my progress, which include but are not limited to issues such as stress, iodine in the diet, drug use, hormonal changes and certain medications, including birth control pills.

\_\_\_ I understand that exposure to the sun, friction, cosmetics, hair products, fabric softeners, picking my skin, pregnancy, not getting at least 8 hours of sleep each day, working the night shift, and inconsistency in my home care routine or clinic visits may also play a key role in the success or failure of my treatment.

\_\_\_ I agree to notify my skin care specialist of any changes in my lifestyle, medical history, address, and day or evening telephone numbers.

\_\_\_ I understand that due to genetics, lifestyle, hormonal imbalances, certain medical conditions and medication and stress, some cases of acne or of hyperpigmentation may be difficult to treat and that no guarantee can be given for the success of this program.

\_\_\_ I understand that some products could tarnish my jewelry.

\_\_\_ I understand that I may experience a flare-up of acne during the early stages of treatment. Microscopic lesions that may already have formed may surface as therapy progresses. I understand that this is normal and temporary.

\_\_\_ I agree to apply medications no less than 30 minutes before bedtime and avoid the eyes and use caution in the neck area.

\_\_\_ I understand that products containing hydroquinone must not be used by anyone pregnant, attempting to become pregnant, or females not on birth control.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_