# LHALA PEEL TREATMENT CONSENT FORM

| Name    | Date of birth |
|---------|---------------|
| Address | Phone number  |

Lhala Peeling removes dead skin cells to minimize irritation and has the effect of clearing skin texture and brightening skin tone without peeling the skin.

It helps remove dead skin cells and improves skin circulation.

## What to do before peeling

- 1. Do not apply Retin-A, Renova, Tazorac and/or Differin more than 2 weeks before and 2 weeks after.
- 2. Please refrain from tanning or using tanning beds 2 weeks before and 2 weeks after the procedure.
- 3. Stop all types of hair removal treatments (waxing, hair removal creams) on the treatment area for 2 weeks before and 2 weeks after peeling.

## Care after chemical peeling treatment

- 1. Do not rub when washing your face. Use a mild cleanser.
- 2. The treatment generally does not peel off, but if it does peel off, do not rub it.
- 3. After peeling, do not use products containing alcohol for 2 days (e.g. toner, shaving cream, etc.)
- 4. After peeling, Do not use products containing strong Vitamin ingredient
- 4. Recommend to pay attention to moisture and nutrition and apply moisturizing products.
- 5. Apply sunscreen.
- 6. If severe itching or redness occurs after treatment, consult with therapist.

### treatment interval

The recommended treatment cycle is once every 2 to 4 weeks.

Thick and healthy skin can be achieved every two weeks, but

For sensitive skin, we recommend using it once every four weeks.

### Individual Consent

Ideclare that I give my full consent to the Lhalapeel treatment carried out by the therapist. I confirmed that potential complication, e.g Itching and redness for the procedure undertaken and aftercare instructions have been explained to me.

I confirm that the above information provided by me for this consent form is correct to the best of my knowledge that I am over the age of consent for this procedure and that I am not currently under the influence of alcohol or drug.

|   | Date                         |
|---|------------------------------|
| - | Client signature             |
|   | Treatment provider signature |