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**Mooi Chemical Peel and Dermaplane Confidentiality Waiver**

Name:

Address:

City:

Zip Code:

Phone: Mobile:

Email:

Date of Birth:

Referred By:

Medication/treatment plan/facial routine changes (please list):

Have you recently had any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| * Dermal fillers
 | * Botox
 | * Laser resurfacing
 | * Cosmetic surgery
 |

If so, when?

|  |  |  |
| --- | --- | --- |
| Do you have metal implants? | * Yes
 | * No
 |
| Are you pregnant or lactating? | * Yes
 | * No
 |
| Are you on hormone therapy? | * Yes
 | * No
 |

Please list any other changes since last visit:

Agreement: I have previously completed the Mooi Chemical Peel and Dermaplane Confidentiality Form and have answered all questions completely and to the best of my knowledge. My skin care specialist has answered any and all questions regarding my peel process, pre- and post-care. I am aware that this information is fully confidential and will only allow my esthetician to work on my skin without hard to my body. I certify that I have read and understand all of the above unpredictable and unforeseen results that may occur by administration of a chemical peel or dermaplane.

Print name: Sign name:

Date:

**FOR PROFESSIONAL USE ONLY**

Esthetician’s notes:

Treatment performed: