



VITALITY INSTITUTE  
SKIN CARE SYSTEM

## ***A NEW GENERATION PEEL FOR ALL SKIN TYPES !!!***

### **INFORMED CHEMICAL PEEL CONSENT**

1. I authorize the chemical peel listed above, to my face and / or neck, chest, back, and hands.
2. Depending on the chemical peel site, there may be redness and/or irritation and discoloration (dark tan and pink marks) that can persist for several days.
3. With each chemical peel results are achieved. Nevertheless, no guarantees can be made as to the final results. Any number of chemical peels may be required to achieve desired results, depending on the present skin condition, age and lifestyle of the patient.
4. Once the desired results are achieved, I understand that maintenance peels are necessary to sustain the rejuvenative results. The frequency depends on the individual's own genetics, age and lifestyle.
5. Services are cosmetic in nature, and are non refundable. I understand that payment is my sole responsibility.
6. This office is regulated by the rules of the Board of Medicine as set forth in Rule Chapter 64B8, F.C.A.

I agree that this constitutes full disclosure, and that it supercedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions.

\_\_\_\_\_  
(Print) Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Ordering Information: Kalil Medical Products, Inc.  
[www.KalilMedical.com](http://www.KalilMedical.com)  
1-877-KMP-PEEL