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I consent to the Dermalogica Group using my personal data to contact me using the methods set out below to advise me of new products, and to provide me with marketing and product information.

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## consultation card

Please answer these questions to help us provide the best service for your skin.

## vour health

1	Within the last year, have you had any health problems that have affected or could affect your skin lf yes, please specify:	n? □ yes □ no			
2	List any medications, supplements, vitamins, diuretics, slimming pills, oral contraceptives, Isotretinoin, etc. that you take regularly.				
3	Do you wear contact lenses?	☐ yes ☐ no			
4	Do you have metal implants, a pacemaker or body piercings?	☐ yes ☐ no			
5	Do you have any allergies?  If yes, please specify:	□ yes □ no			
6	Do you have sinus problems?	☐ yes ☐ no			
7	Have you ever experienced claustrophobia?	☐ yes ☐ no			
8	your skin  What are your specific concerns/challenges with your skin?				
9	What skin care products are you currently using? moisturiser				
	□ soap       □ cleanser       □ toner       □ moisturiser         □ masque       □ exfoliant       □ eye products       □ other				
10	Have you had chemical peels, microdermabrasion or any resurfacing treatments within the last th	ree months?			
11	Have you: Been waxed within the last 72 hours? Shaved within the last 24 hours If yes, please specify:	yes no yes no wet dry			
12	Have you used Retin-A, Renova, Adapalene or any other prescription skin products within the last	three months?			
13	Are you currently using any products that contain the following ingredients?  Glycolic Acid Lactic Acid any exfoliating scrubs  Other Hydroxy Acids Vitamin A derivatives (i.e., Retinol)	□ yes □ no			
14	Please specify if any of the following apply to you:  pregnant trying to become pregnant lactating menstruating pre-	-menstrual			
15	Have you received a cosmetic light-based procedure such as laser treatment, IPL, etc. within the last 6 weeks?	yes no			
16	Do you have active cold sores?	yes no			
	Have you received Botox or other injectable procedures within the past week?	yes no			
	Do you sunbathe or use tanning beds?	yes no			
19	Do you experience redness, itching, or stinging on your skin?	yes no			
	pro power peel consent for treatment				
	treatment is designed to resurface the skin. You may experience temporary burning, itching, or sting myour professional skin therapist if you experience these sensations.	ging. Please			
o the	full participation during and after the treatment will determine the outcome. It is important that you homecare products and regimen that your professional skin therapist has recommended. It is pos reaction or less-than-expected improvement of the skin. No guarantee is made or implied as to the ng times or discomfort.	sible to have a			
ny lia artici <sub>l</sub>	se and indemnify Dermalogica (UK) Limited and, and their respective officers, directors, agents, and employ bility, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage or injury that may be suspating in the Pro Power Peel treatment, including, but not limited to, those injuries and damages caused by breach of warranty, express ence that directly causes personal injury, on the part of Dermalogica and/or,	tained by me while			
F	Patch Test - Date I have received Post-Care instructional sheet.				
	I confirm (to my best knowledge) that the answers I have given are correct and that I have no any information that may be relevant to my treatment.	ot withheld			
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