AesthDerm

AMIKO CMCA Peel

INFORMATION FOR THE PATIENT / CLIENT ON THE TREATMENT OF CHEMICAL PEELING

TREATMENT INFORMATION

AMIKO CMCA is a chemical peel intended exclusively for professional use. It involves the skin application of a combination of acids, amino acids, and vitamins. It is applied by a trained professional according to the desired outcome and exerts a chemical action on the skin.

Patch test has to be performed 4-7 days prior to actual treatment appointment.

This includes damaging the epidermis and influencing the dermis to:

- Correct relative imperfections and pigmentation,
- Accelerate cell turnover,
- Regulate sebum production,
- Reduce enlarged pores,
- Improve skin texture,
- Stimulate fibroblast proliferation,
- Promote collagen and elastin production,
- Restore vitality and freshness to the skin,

AMIKO treatment can be used for both the prevention and treatment of skin aging, wrinkle reduction, and overall improvement in skin condition.

AMIKO CMCA Peel is suitable for all phases of acne treatment and is appropriate for all Fitzpatrick skin types.

The treatment must be performed according to specific procedures based on the product. **Application and treatment must follow the manufacturer's protocols and training.**

CONTRAINDICATIONS AND SIDE EFFECTS

A thorough consultation must be performed before the **AMIKO** procedure to check for any contraindications such as:

- Allergies,
- Pregnancy or breastfeeding,
- Cancer,
- Blood disorders (e.g., Hepatitis, HIV),
- Autoimmune disorders,
- Diabetes,

Do not use on patients/clients with allergies to:

- Aspirin/salicylates.
- Azelaic acid.
- Milk / milk protein

Precautions include:

- Cold sores.
- Burns.
- History of abnormal scarring, including keloids or hypertrophic scars.

Medications to disclose:

- Antibiotics.
- Natural remedies (e.g., St John’s Wort).
- Contraceptives.
- Roaccutane.
- Topical steroids.

- Retinol (must be stopped 7 days before treatment and can be resumed 14 days after).
- AHA's, BHA's.

PRE- AND POST-TREATMENT GUIDELINES

Avoid Before Treatment:

- Exfoliating agents: 48 hours prior.
- AHA's, BHA's, Retinol, Self-Tanner: 7 days prior.
- Waxing, hair removal, or bleaching: 7 days prior.
- Notify the provider of cold sores within 14 days prior.

Avoid After Treatment:

- Non-mineral makeup: 12 hours after.
- AHA's, BHA's, Retinol: 14 days after.
- Intense exercise or heat treatments: 48 hours after.
- Waxing, hair removal, or bleaching: 14 days after.
- Sunbeds, saunas, self-tanner: 14 days after.

Important:

Only **AURIC** range products should be used for post-care. This ensures treatment safety and effectiveness.

Do not peel, pick, scratch, or rub the skin or any flaking. Let the skin shed naturally. Ignoring this advice may lead to **scarring**.

Adverse reactions to chemical peels are rare but may include:

- Peeling.
- Redness.

- Scabbing.
- Infection.
- Cold sore recurrence.
- Prolonged sensitivity to sun and wind.

CLIENT CONSENT

Please check each box to confirm:

☐ I have completed the client information form accurately.
☐ I consent to using the correct post-care products for a minimum of 7 days after the AMIKO procedure.

☐ I have disclosed all conditions that could affect treatment, including pregnancy, hormone use, recent surgery, laser treatments, use of Retin-A, or Roaccutane within the last 6 months.
☐ I understand that results are not guaranteed. Many variables such as age, sun damage, sun exposure, smoking, alcohol use, climate, diet, hydration, and skin sensitivity may affect outcomes.

☐ I understand that I may or may not experience visible peeling, and that individual results vary.
☐ I acknowledge that despite all precautions, an adverse reaction is possible and accept full responsibility for seeking medical care if necessary.
☐ I will not scratch, pick, or rub the treated skin.
☐ I understand that sun exposure and sunbeds are prohibited during recovery. I agree to use clinic-recommended sun protection at all times, even in winter.
☐ I understand that to achieve maximum results, the recommended homecare routine must be followed. Using other products may alter or hinder results.
☐ I understand multiple treatments may be needed to reach my desired outcome.

Possible Side Effects Include:

1. Discomfort
2. Redness and inflammation
3. Hypopigmentation
4. Hyperpigmentation
5. Peeling or flaking (up to 14 days)
6. Infection
7. Scarring
8. Acne breakouts

☐ I give permission for the treatment provider (or assistant) to take before and after images.
☐ I understand the goals, limitations, and potential complications of this treatment.
☐ The treatment provider has given me pre- and post-care instructions.
☐ All my questions have been answered to my satisfaction.
☐ I understand this is not an exact science and outcomes may vary. Improvement is the goal—not perfection.

Date: _____
Patient / Client Signature: _____
Trained Professional Signature: _____

TRACEABILITY OF PEELING EMPLOYED

Name: AMIKO CMCA Peel ☐
Batch Number: _____
Shelf Life: _____