



Le Mieux

RENEW. REGENERATE. REVIVE

PEEL PROCEDURE CHECKLIST

PATIENT NAME:

Date:

PART I - Analyze and Discuss

A) Current Daily Regimen:

B) Desired Cosmetic Enhancements:

C) Discuss Peel Treatment Details:

- Expectations
- Possible reactions
- Necessary sun protection use
- Signed **Patient Consent Document**
- Provide Patient with a copy of the **Patient Consent Document**
- Patient Profile

D) Skin Analysis:

- Visual
- Face Map
- UV Light Devices
- Magnifying Lamp

PART II - Recommend and Treat

A) Recommended Treatment Procedure:

B) Appointment:

- First Treatment Date
- Post-Procedure Daily Care Regimen
- Post-Procedure Recommendations

C) Provide a Daily Regimen:

- Sample Products
- Preparation Instructions
- Recommended Regimen with Instructions

PART III - Patch Test

Patch Test Date:

Product Name:

Test Area:

Result: