



BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369
Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127
Phone: 763-205-6952 • Website: www.beautoxbar.com

INFORMED CONSENT FOR CHEMICAL PEELS (SkinMedica® and iS Clinical®)

Illuminize Peel® • Vitalize Peel® • Rejuvenize Peel™ • iS Clinical® Active Peel • iS Clinical® Extra Strength Peel

Client Name: _____

Date of Birth (optional): _____ Date: _____

Instructions / Purpose of This Informed Consent

Please read this entire form carefully. It explains the nature, purpose, benefits, risks, alternatives, and limitations of SkinMedica® and/or iS Clinical® chemical peels that may be performed for you at Beautox Bar. Ask questions before you sign. Signing means you understand the information, have had your questions answered, and voluntarily consent to treatment as described. You may refuse or stop treatment at any time.

Clinic Entities Providing Care

I consent to evaluation and treatment by Beautox Bar LLC (Maple Grove, MN) and/or Beautox Bar WBL LLC (White Bear Lake, MN) (together, "Beautox Bar," the "Clinic," or "we/us"), including their medical director(s), licensed medical providers, and authorized clinic team members. Care may be provided at either location. This consent applies to services at both entities.

Peels Covered by This Consent (SkinMedica® and iS Clinical®)

This is one informed consent for the SkinMedica® and iS Clinical® chemical peels offered at Beautox Bar. By signing, I authorize any and/or all of the peels listed below as clinically appropriate for me, as selected by my provider together with me for today's visit and for subsequent related peel visits within the consent window. Checking a box below (if used) is for planning and charting only and does not limit this consent to only the checked peel; a client may receive any covered peel at an appointment.

SkinMedica® peels

- ☐ Illuminize Peel®
- ☐ Vitalize Peel®
- ☐ Rejuvenize Peel™

iS Clinical® peels

- ☐ iS Clinical® Active Peel System (Active Peel)



☐ iS Clinical® Extra Strength Active Peel Brightening System (Extra Strength Peel)

SkinMedica® peels range from very superficial to superficial. The iS Clinical® Active Peel and Extra Strength Peel are professional and at-home-style peel systems that may be used professionally and/or as directed, and are used in clinic per protocol; Active Peel is a two-step botanical acid system in which Step 1 exfoliates and Step 2 hydrates/neutralizes. Tingling is common. These peels are intended to improve the appearance of skin texture, tone, and brightness. The specific peel chosen for a visit depends on skin type, goals, tolerance, product instructions, and clinical judgment. iS Clinical® peels contain acids, including alpha-hydroxy acids (AHAs), that may increase sun sensitivity; I agree to use daily SPF and limit sun exposure as advised. The iS Clinical® Extra Strength Active Peel Brightening System is a stronger brightening variant and is typically used less frequently. Brand names and marks (including SkinMedica®, Illuminize®, Vitalize®, Rejuvenize™, iS Clinical®, Active Peel, and Extra Strength Active Peel Brightening System) are trademarks of their respective owners and are used for identification only.

Patients Who Should Not Be Treated

I understand that chemical peels, including SkinMedica® and iS Clinical® peels, are generally not appropriate, or require special caution and provider clearance, if I have any of the following. I agree to disclose these conditions before treatment:

- Active cold sores, warts, open wounds, or sunburn in the treatment area
- Excessively sensitive skin, or dermatitis or inflammatory rosacea in the treatment area
- History of herpes simplex (cold sores) — I will inform my provider so preventive medication can be considered if appropriate
- Known allergies, especially to salicylates / aspirin or to any peel ingredient
- Use of Accutane® (isotretinoin) within the past year
- Pregnancy or breastfeeding / lactation
- Current chemotherapy or radiation therapy
- Vitiligo
- Autoimmune disease or a weakened immune system

Recent Medical Cosmetic Facial Treatments

If I have recently had other medical cosmetic facial treatments (for example laser, surgery, injectable filler, microdermabrasion, or similar procedures), I understand I should wait until any skin sensitivity from those treatments has resolved before receiving a SkinMedica® and/or iS Clinical® peel, unless my provider advises otherwise after evaluating my skin. Timing is individualized; I will disclose recent facial treatments so my provider can determine whether a peel is appropriate today.

One Week Before Treatment — Please Avoid

Unless my provider directs otherwise, I agree to avoid the following for approximately one (1) week before my peel:



- Electrolysis
- Waxing
- Depilatory creams
- Laser hair removal

Three Days Before Treatment — Please Avoid

Unless my provider directs otherwise, I agree to avoid the following for approximately three (3) days before my peel:

- Retin-A® (tretinoin), Renova®, Differin® (adapalene), Tazorac® (tazarotene), and similar prescription retinoids
- Retinol, alpha-hydroxy acids (AHAs), beta-hydroxy acids (BHAs), benzoyl peroxide, and other products that may dry or irritate the skin
- Other exfoliating, drying, or irritating products as advised by my provider

I understand that recent use of these products may increase skin sensitivity and may result in a stronger reaction to the peel.

Expected Reactions and Possible Adverse Experiences

I understand that chemical peels commonly cause temporary redness, dryness, itching, and/or irritation. Less commonly, I may experience a breakout or acne flare, rash, swelling, or a burning sensation. I agree to contact Beautox Bar promptly if I have unexpected, severe, or concerning problems after a peel. This list is not exhaustive; individual reactions vary.

With iS Clinical® Active Peel and Extra Strength Peel, tingling and temporary redness may occur. Visible peeling varies; the Extra Strength Peel may produce a more intense reaction than the standard Active Peel.

Variations in Peeling (Vitalize Peel® / Rejuvenize Peel™ and iS Clinical® Peels)

For Vitalize Peel® and Rejuvenize Peel™, visible peeling can range from mild flaking to shedding in sheets. The amount of visible peeling is not a reliable measure of how effective the treatment will be. Some people peel less visibly (for example due to skin type, recent product use, climate, or aftercare) and may still experience improvement in skin texture and appearance. Improvement is not guaranteed.

Alternatives

Alternatives include declining a chemical peel; continuing or adjusting at-home skincare only; other in-office treatments that may be appropriate for my goals (as discussed with my provider); or referral to another clinician. I have had the opportunity to ask about alternatives, including declining treatment.

No Guarantee of Results



I understand that results from SkinMedica® and/or iS Clinical® peels are not guaranteed. The degree of improvement, if any, varies by person. The amount of visible peeling is not guaranteed. A series of peels and recommended skincare are often advised for better results; no particular cosmetic outcome is promised.

Financial Responsibility

I understand that SkinMedica® and/or iS Clinical® peels are elective aesthetic services. I am responsible for payment of fees according to Beutox Bar policies explained to me. These treatments are generally not covered by health insurance. Fees are generally non-refundable once services have been provided, and dissatisfaction with results alone does not create a right to a refund.

When to Call the Clinic

Contact Beutox Bar (763-205-6952) promptly for:

- Unexpected or severe redness, swelling, burning, blistering, or pain after a peel
- Signs of infection (increasing warmth, pus, spreading redness, fever)
- A rash, hives, or possible allergic reaction
- Questions about post-peel care, recommended skincare, or when to resume usual products

Beutox Bar does not provide 24-hour emergency services. For medical emergencies (including trouble breathing or severe allergic reaction), call 911 or go to the nearest emergency room.

Assumption of Risk and Softened Release

I voluntarily assume the known risks and expected side effects of SkinMedica® and/or iS Clinical® peels that have been explained to me. To the fullest extent permitted under Minnesota law, I release and hold harmless Beutox Bar LLC, Beutox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed SkinMedica® and/or iS Clinical® peel treatment as described in this consent—EXCEPT that this release does not apply to claims based on gross negligence, willful or wanton misconduct, or intentional misconduct, or to claims that cannot be waived under Minnesota law (including Minn. Stat. § 604.055 regarding greater-than-ordinary negligence). This is not an absolute waiver of all liability.

Clinical Photography

I understand that clinical photographs and/or videos will be taken for my medical record to document the treatment area and monitor my progress. These records are part of my confidential medical file and will not be released without my express written consent, except as required by law.

I further authorize Beutox Bar and its representatives to use these photographs and/or videos (which will not identify me by name) for educational, marketing, and promotional purposes, including but not limited to the clinic's website, social media, and printed materials. I understand I will not receive compensation for the use of these images.



Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By signing this form, I confirm that I have received understandable information about SkinMedica® and/or iS Clinical® peel treatment (Illuminize Peel®, Vitalize Peel®, Rejuvenize Peel™, iS Clinical® Active Peel, and/or iS Clinical® Extra Strength Peel), alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Client Acknowledgements

By signing this consent, I state and confirm that:

- I do not have any of the contraindications listed above, or I have disclosed them and my provider has determined that treatment may still proceed with appropriate modifications or precautions.
- I understand there is no guarantee of the degree of improvement, if any.
- I understand that the amount of visible peeling is not guaranteed and is not a measure of treatment success.
- I understand that I may need several peels and recommended skincare for optimum results.
- I agree to follow post-peel instructions and recommended skincare provided by Beutox Bar.
- I have read and understand this consent form (or had it read to me).
- I have received the Minnesota informed consent information above; my questions have been answered to my satisfaction.
- I consent voluntarily to SkinMedica® and/or iS Clinical® peel treatment (Illuminize Peel®, Vitalize Peel®, Rejuvenize Peel™, iS Clinical® Active Peel, and/or iS Clinical® Extra Strength Peel as clinically appropriate) and to subsequent related peel treatments under this consent for three hundred sixty-five (365) days from the date of my signature, unless I revoke consent sooner. I may stop treatment at any time.

Acknowledgment and Consent

I consent to SkinMedica® and/or iS Clinical® peel treatment — including Illuminize Peel®, Vitalize Peel®, Rejuvenize Peel™, iS Clinical® Active Peel, and/or iS Clinical® Extra Strength Peel as selected by my provider together with me for each visit — as described in this form by Beutox Bar LLC and/or Beutox Bar WBL LLC and authorized providers. Checking a planning box above does not limit this authorization to only the checked peel. I have read the information above (or had it read to me) and am satisfied with the informed consent process. I hereby give consent to perform this and subsequent related SkinMedica® and/or iS Clinical® peel treatments under this consent for 365 days from the date below, unless I revoke it. I understand I may ask questions at any time and may withdraw consent for future treatments.

Client Name (print): _____



Client Signature:

Date: _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature:

Date: _____

This consent applies to services provided by Beautox Bar LLC — 7372 Kirkwood Court N, Maple Grove, MN 55369 and Beautox Bar WBL LLC — 4503 Allendale Drive, White Bear Lake, MN 55127. Phone: 763-205-6952 • www.beautoxbar.com • Form date context: September 27, 2026 (client date fields left blank for completion at signing). Practice form for attorney / medical-director review — not legal advice. SkinMedica®, Illuminize®, Vitalize®, Rejuvenize™, iS Clinical®, Active Peel, Extra Strength Active Peel Brightening System, Accutane®, Retin-A®, Renova®, Differin®, and Tazorac® are trademarks of their respective owners.