



ZO[®] Skin Health Protocol: Consent Form

Zein Obagi, MD recommends using an at-home regimen of ZO[®] Skin Health products to maximize the benefits.

We highly recommend screening your clients to determine who is a good candidate for the ZO[®] Protocol. YES answers to any of the following questions may disqualify the client.

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- Are you pregnant or lactating? YES NO
 - Have you used Accutane[®] or any prescription retinoid products (Retin-A[®], Renova[®]) in the last 3 months? YES NO
 - Have you used products containing retinol in the past week? YES NO
 - Are you allergic or sensitive to aspirin? YES NO
 - Are you undergoing any type of radiation or chemotherapy? YES NO
 - Do you have herpes or cold sores? YES NO
 - Within the last week, have you had any facial waxing, electrolysis or used any depilatories? YES NO
 - Do you have any form of auto-immune disease (diabetes, lupus, etc.)? YES NO
 - Do you have a sensitivity or allergy to:
 - Lactic Acid: YES NO
 - Citric Acid: YES NO
 - Salicylic Acid: YES NO
 - Retinol (Vitamin A): YES NO
 - Latex: YES NO
 - Have you had facial cosmetic surgery in the last month (laser resurfacing, dermabrasion, chemical peel, face lift, blepharoplasty, Botox[®], injectible fillers)? YES NO

* Note: Some redness is anticipated after the peel. It will disappear within a few minutes.

Filming may take place during any training session, for educational and marketing purposes. Models must consent to being filmed during their treatment. Our videographer can be accommodating if models prefer not to be recognisable in the final edit of the video.

____-____-____

Printed Name

Signature

Date (MM-DD-YY)