



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

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

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| Printed Name | Signature | Date (MM-DD-YY) |
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