

Pre/Post Treatment Instructions

ZO 3-Step Peel Treatment

For your safety and in order to obtain optimum results, the instructions below should be followed

- Pre-Treatment
 - o Precondition skin for at least 6 weeks with your ZO high potency retinol protocol.
 - o Discontinue retinoids 3 days prior to peel.
 - o Avoid electrolysis, waxing 4 days prior.
 - o Allow at least two weeks for skin to completely heal from BBL/IPL, laser, microdermabrasion prior to peel.
 - o If you have a history of cold sores, your provider may start you on an antiviral medication 1 day prior.
- What to Expect After Treatment:
 - o Avoid washing face or treated area until the morning after the peel.
 - o The day after the peel:
 - ◆ Wash face or treated area with the cleanser from your daily ZO Skin Health program. Wash face gently for 30-40 seconds. Rinse and pat dry.
 - ◆ Apply entire packet of Retinol Crème Complex.
 - ◆ Apply a thin layer of Hydrating Crème.
 - Hydrating Crème may be applied 3 times daily or more often if needed to keep it soft and pliable.
 - Redness, stinging, itching, mild swelling, flaking, and peeling are all normal signs after the peel and vary based on patient responses.
 - o Exfoliation will generally begin 2-3 days after treatment and end by day 5.
 - o Avoid rubbing. Scratching, peeling, or picking the skin with your fingers while healing.
 - o Avoid direct sun exposure for at least 7-10 days following the peel. Sunscreen may be used after the skin has completely healed.
 - o Besides the Retinol Crème Complex, do not use any alpha hydroxy acids, beta hydroxy acids, benzoyl peroxide, retinoids, and other potentially irritating products until the skin is healed.
 - o Avoid running water directly on your face while showering.
 - o Avoid strenuous exercise and sweating until skin is completely healed.
 - o Avoid procedures, such as facials, hair removal, microdermabrasion, and lasers until skin is fully healed
 - o After skin is healed, return to your daily ZO Skin Health program.

I have read and understand the above. I have had the opportunity to ask any questions and I have received a copy of these instructions.

Patient Signature	Witness Signature	Date