



# Client Agreement Form

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Please initial the statements below and sign at the bottom.

\_\_\_\_\_ We must adjust your home care routine every **2 weeks** to keep your progress to clear skin moving forward. If we don't change how you use your home care often enough, your skin will adapt to the routine and stop responding (in other words, you won't get clear). I agree to contact my Acne Expert to adjust my home care routine at least every **2 weeks**.

\_\_\_\_\_ Each time we strengthen your home care, we run the risk of drying and irritating your skin, so you will need to communicate that to us if that happens. I agree to contact my Acne Expert if my skin gets uncomfortably dry and irritated.

\_\_\_\_\_ I will not use any other products that have not been approved by my Acne Expert while I am in their acne program.

\_\_\_\_\_ I will not change the routine given to me by my Acne Expert without notifying or consulting with them first.

\_\_\_\_\_ I will not run out of product while working with my Acne Expert. Skipping products (or running out) will cause acne to start forming inside the pores and it will come to the surface in **30 - 90 days**.

\_\_\_\_\_ I will not have other skin care treatments while I am being treated by my Acne Expert.

\_\_\_\_\_ I will inform my Acne Expert of any medications/drugs that I start or stop taking while I am in their acne program.

\_\_\_\_\_ I will use my sunscreen every morning, whether I go outside or not. I can be exposed to UV rays through windows.

\_\_\_\_\_ I will not get sunburned or wind burned while being treated by my Acne Expert. (You will not be able to use your active products; and we will not be able to do treatments on you.)

\_\_\_\_\_ I will inform my Acne Expert if I elect to do any laser treatments or waxing for hair removal.

\_\_\_\_\_ (For women) - I will inform my Acne Expert if I become pregnant.

\_\_\_\_\_ **MOST IMPORTANTLY:** If we are unable to improve the condition of your skin due to factors beyond our control, but within yours, we reserve the right to decline treatments. (That is, if you are not following our instructions pertaining to home care, doing your home care, lifestyle issues, etc.)

I, \_\_\_\_\_, hereby agree to all of the above policies.

Date \_\_\_\_\_