

BioActive™ Peel Post-Treatment Instructions

Use the following guidelines until your skin has resolved peeling (approximately 7–10 days). For more sensitive skin or after a more intense treatment, consider following these guidelines for at least 10 days.

1. Immediately following treatment, apply a broad spectrum physical sunscreen (minimum SPF30) such as Dermalogica Super Sensitive Shield SPF30 or UltraSensitive Tint SPF30. Avoid direct daylight exposure for 2–3 weeks and wear a 3" wide brim hat if going in the sun is necessary. Direct sun exposure must be avoided to prevent hyperpigmentation.
2. On the day of treatment, avoid strenuous exercise or prolonged exposure to heat sources such as dry saunas and steam rooms. Increased blood circulation to the face will cause an increased warming effect, which could lead to discomfort (prickling, itching, etc.), redness, inflammation, swelling or other side effects.
3. On the night of treatment, rinse your face with cool water and a gentle cleanser such as UltraCalming™ Cleanser, then moisturize skin with a barrier-protecting moisturizer such as Barrier Repair. This will help soothe skin tightness.
4. Increase your fluid intake for the next 2–3 days.
5. You will likely begin peeling within 2–3 days. This is normal. **DO NOT pick or peel at loose skin.** This may cause discoloration.
6. Avoid using any type of exfoliating product on the treated area for 3 days after treatment or until your skin shows no signs of sensitivity. If skin is no longer sensitive, MultiVitamin Thermafoliant® may be used to slough off peeling skin.
7. Continue to moisturize the treated area for the duration of the peeling process. Applying Multi-Active Toner, Skin Hydrating Booster or a slightly thicker moisturizer such as Intensive Moisture Balance throughout the day can help maintain hydration and decrease the appearance of flaking.

Once peeling and redness subside:

Resume the regular Dermalogica daily routine that has been recommended by your professional skin therapist.

I have received a copy of the Post-Treatment Instructions for BioActive Peel.

Client (print name)

Signature

Date

For more information, please call: _____