iS CLINICAL
PROFESSIONAL

PRODIGY PEEL SYSTEMS

TRAINING MANUAL

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INTRODUCTION

The iS CLINICAL® PRODIGY PEEL SYSTEM "P2" and PRODIGY PEEL PRO SYSTEM "P3" are designed to help provide a more luminous, smoother, and clearer complexion with minimal downtime. These minimally invasive peel systems of different strengths are intended to help correct minor skin imperfections, such as fine lines and wrinkles, uneven complexion, and blemishes associated with breakouts, as determined by a skin care professional.

The PRODIGY PEEL SYSTEMS must be administered by licensed medical professionals only (physician, physician supervised nurse or aesthetician).

This PRODIGY PEEL SYSTEMS Training Manual offers a comprehensive educational reference that is divided into three sections:

- Part 1: Features an overview of skin anatomy, the history of peels, types of peel ingredients, common peels, and peel actions.
- Part 2: The PRODIGY PEEL SYSTEMS are explained in detail. Innovative Skincare® directed proper application, safety, frequency recommendations, contraindications, pre-peel care, and post-peel care are included in this section.
- Part 3: Sample patient forms.

PART 1

CHEMICAL PEELS

MECHANISMS OF CHEMICAL PEELS

Chemical peels use topical ingredients to remove layers of skin cells by a variety of complex mechanisms. This process stimulates the natural exfoliation process and skin renewal mechanisms. Skin regeneration is further enhanced by the nutritional ingredients. Accelerated exfoliation induced by chemical peels causes a type of controlled damage that the skin care professional uses for the patient's benefit. The final result of the molecular changes occurring with chemical peels is physiologically "more youthful" skin. In addition to exfoliation, the biochemical events that occur with chemical peels include: epidermal and dermal thickening, collagen deposition, improved organization of structural skin elements, decreased age-related solar elastosis, and reorganization of new dermal ground substance and connective tissue. This results in an improved clinical appearance of the skin with fewer wrinkles, improved pigment irregularities, improvements in acne and acne scarring, and a healthy, more youthful appearance.

SKIN OVERVIEW

HISTOLOGY OF THE SKIN

A clear understanding and comprehension of skin histology and anatomy are vital to the success of chemical peel applications and results. The largest organ in the body, skin provides a protective barrier. This barrier protects vital internal organs from exposure, trauma, heat and radiation. Moisture loss, bacterial invasion, and penetration of irritating chemical agents are also prevented.

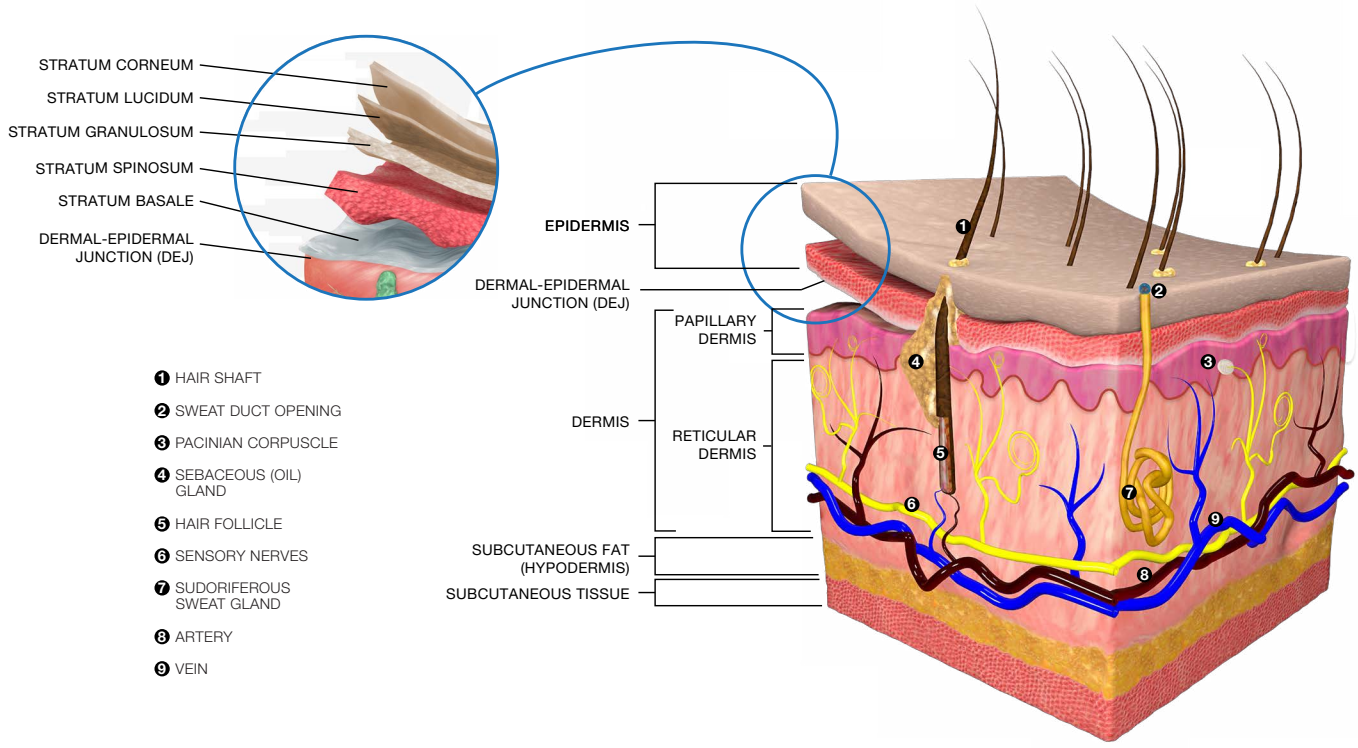


DIAGRAM 1.0

EPIDERMIS

The outermost layer of the skin, the epidermis, provides a barrier to infection from environmental pathogens and regulates **transepidermal water loss (TEWL).

Layers of the epidermis move up from the deepest layer during normal exfoliation. Regeneration occurs in the deepest layer, the basal layer, from the stem cells located there. The stratum corneum is the outermost layer of the epidermis.

**Transepidermal water loss (TEWL) is the amount of water that passively evaporates through skin to the external environment due to water vapor pressure gradient on both sides of the skin barrier and is used to characterize skin barrier function. Source "Applied Dermatology", 2014.

DERMIS

The dermis (or cornium) is the layer of skin between the epidermis and the subcutaneous tissues. The dermis is made up of two primary layers, the papillary dermis and the reticular dermis. The papillary dermis is a thin "superficial" layer located just beneath the epidermis. The papillary dermis, composed of loose areolar connective tissue, draws its name from "papillae," which are finger-like projections that extend toward the epidermis. These papillae contain networks of blood capillaries and tactile corpuscles.

The reticular dermis, composed of dense irregular connective tissue, is located just below the papillary dermis. The reticular dermis contains the structural components of the skin; these include collagen, elastic fibers (bundles of elastin). The reticular dermis also contains mechanoreceptors (sense of touch) and thermoreceptors (sense of heat).

In addition, hair follicles, sweat glands, sebaceous glands, lymphatic vessels, and blood vessels are present in the dermis. Those blood vessels provide nourishment and waste removal for both dermal and epidermal cells.

MICROSCOPIC EFFECTS OF CHEMICAL PEELS

All chemical peels increase epidermal turnover and resurfacing, thus removing superficial defects and pigment irregularities. The inflammatory changes accompanying even superficial chemical peels can result in increased collagen deposition in the dermis. Chemical peels involving the dermis result in more profound neocollagenogenesis (new collagen synthesis) with improvements related to improved and reordered collagen deposition.

BIOLOGIC PURPOSE OF EXFOLIATION

All cells and tissues require renewal and regeneration. Regeneration of damaged cells is a required part of any renewal process in which cells and tissues are sometimes damaged beyond repair capabilities. Skin cells are no exception to this rule. The epidermal exfoliation process serves as an efficient renewal mechanism for the stratum corneum. Furthermore, the skin barrier is frequently injured as a consequence of serving as our primary shield against the environment.

Accelerating the process of exfoliation is attainable with topical cosmeceuticals and/or aesthetic procedures. A chemical peel is one way the skin's beauty and health may be improved. A thorough understanding of exfoliation is required of the skin care professional before forcing the modification of this process in the aesthetic practice. Such an understanding will help ensure a positive result and confidence in the skin care professional's recommendations to the patient.

EPIDERMAL LAYERS AND THE EXFOLIATION PROCESS

Desmosomes are cellular "bridges" joining cells together. Corneodesmosomes are these bridges that join the specialized cells of the outer stratum corneum, the corneocytes, together. Corneodesmosomes and, in fact, desmosomes in general, may be seen by electron microscopy as short darkened areas along portions of the cell walls. Although they may appear to be rather simple structures, further magnification reveals them to be complex multi-layered structures. Anchoring filaments join them to the cell walls of corneocytes while other structures cement them together. Corneodesmosomes dissolve when epidermal cells break apart during the normal process of exfoliation.

Incomplete or incorrect corneodesmosome dissolution contributes to the visible appearance of skin flaking as seen in some disease states such as atopic dermatitis, psoriasis, and others. Proper corneodesmosome function results in timely destruction of the tiny corneodesmosome bridges and in much smaller exfoliated flakes of skin that are invisible to the human eye. With very abnormal corneodesmosome function, large flakes of skin are seen as the exfoliated stratum corneum comes off in small sheets.

Stratum corneum cells, the corneocytes, are shed from the surface of the skin during the process of exfoliation. They are eventually replaced via cell renewal from stem cells located in the stratum basale (basal layer) of the epidermis.

Cells of the epidermis move up from the stratum basale (basal layer) to the stratum corneum through all epidermal layers. Cells are then lost from the upper stratum corneum during exfoliation.

Epidermal stem cells are located in the stratum basale just above the dermal-epidermal junction (DEJ) and also in the dermal papillae (DP) of hair follicles. Stem cells divide into daughter cells to replenish the cells lost via exfoliation.

Driving an aging metabolism to renew cells lost through exfoliation can push older skin to exhaustion. For this reason, it is essential that adequate nutrition be provided with a healthy diet as well as topical nutrition via excellent skin care products and procedures. Both good oral nutrition and carefully selected topical products help supply the necessary building blocks used to replace epidermal cells shed during exfoliation. Chemical peels yield the best results when adequate attention is given to both oral and topical nutritional factors.

TIME REQUIRED FOR EXFOLIATION

A young individual requires approximately twenty (20) to thirty (30) days for a complete exfoliation cycle from stratum basale to stratum corneum. A sixty (60) year-old individual commonly requires about twice this amount of time to complete the same single cycle. This epidermal turnover time may be shortened by exfoliation agents and by professional procedures and devices used by the skin care professional. The primary goal of assisting exfoliation is to cause the development of a more youthful physiology by shortening the epidermal turnover time. This "forces" the skin into a younger metabolic state. However, this comes at a cost because new tissue must be generated to replace that which is lost during exfoliation. The youthful individual possessing a youthful metabolism can compensate for these added metabolic requirements. However, the aged individual's metabolism may be even further compromised, thus driving older skin into the consequences of metabolic exhaustion. This may result in an "over-processed" look and increased cellular aging. Procedures like chemical peels that augment or accelerate exfoliation may extend various depths into the skin.

SIDE EFFECTS OF EXFOLIATION AGENTS

Irritation, inflammation, peeling, dryness, or excessive tissue damage may be associated with any of the exfoliation agents or their improper application. Peeling may or may not be seen with individual chemical peels depending upon how effectively corneodesmosomes are dissolved, the extent of tissue necrosis leading to cell death, application technique, and skin condition before the chemical peel. Very efficient dissolution of corneodesmosomes associated with exfoliation of tiny increments of stratum corneum may be associated with no visible peeling even though it is occurring microscopically. Enzymatic agents are commonly not associated with peeling because of cellular disruption into very tiny tissue fragments that are below the limit of visual detection. Thus the presence of visible peeling is not always a reliable indicator of the chemical peel depth and the exfoliation process.

Care must be taken to avoid "over-processed" skin that looks thin and shiny with prominent blood vessels. The "over-processed" look can occur in skin that has been aggressively and repeatedly resurfaced without consideration to adequate nutrition from good topical products.

CHEMICAL PEELS AND EXFOLIATORS

Chemical peels may be superficial (light), medium-depth (medium) or deep-depth (deep) depending on the depth they penetrate into the skin. With some chemical peels, the skin is seen to actually peel. With others, due to very fine dissolution of microscopic flakes of skin and dissolution of corneodesmosomes, the peeling may not be visible to the eye. Whether peeling or flaking is visible or not, it may still occur. Thus peeling can be performed without actual visible manifestation of the peeling process. Furthermore, the chemical peel procedure may be done during an in-office procedure, or incorporated into a single or multi-tasking home regimen.

HISTORY OF CHEMICAL PEELS

The use of desquamation agents, both physical and chemical, was first noted in ancient Egyptian texts dating as early as 1550 BCE. A variety of substances including sour milk (source of lactic acid), pulverized salt and alabaster mixed with animal oils or honey were used to exfoliate the skin and improve the complexion. The ancient Greek and Roman cultures used wine (source of tartaric acid) in addition to ground pumice mixed with poultices to help improve the look and feel of their skin.

The modern era of chemical peels began in the 1890s when a variety of chemicals – some quite caustic and some less so – were used to correct skin defects and improve visual changes of photoaging. Phenol chemical peels were used following World War I to improve scars from shrapnel wounds. Since then, the use of chemical peels in professional skin care has continued to expand. Knowledge has been refined to better explain the physiologic mechanisms of chemical peels and their detailed effects on the various skin layers.

Since the 1950s many more chemical peel ingredients and combinations have been developed. These have broadened the clinical scope of chemical peels in general as well as expertise with using more complex formulations.

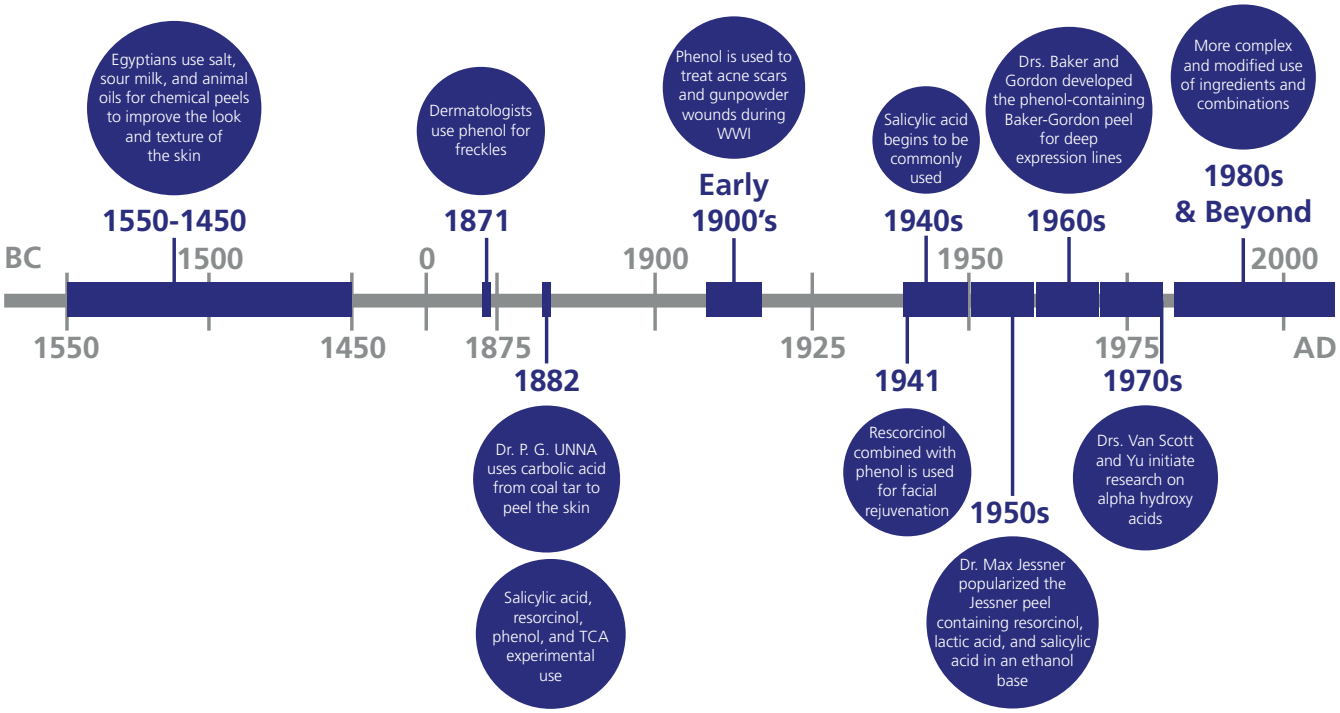


DIAGRAM 2.0

THE pH LEVELS

The concept of pH was first introduced by Soren Peder Lauritz Sorenson, a Danish chemist, in 1909. Some commonly known substances are listed below in the pH scale. It is essential to realize that this scale is NOT linear. It is a logarithmic scale, each integer is ten (10) times the size of the one below it. The pH of a substance is a precise measurement of the acidity or alkalinity of that substance. It is a numerical representation in the logarithmic form of the negative log of the hydrogen ion (H+) concentration of a substance, i.e., the acidity or alkalinity.

A pH of 7.0 is the pH of water and is neutral – i.e., neither acid or alkaline but right in the middle. Substances having pH values less than 7.0 are acidic, and those greater than 7.0 are alkaline or basic solutions. Examples in the graphic below include hydrochloric acid that is highly acidic, and that is found in high concentration in stomach acid as well as lye that is highly alkaline. Substances with either very low pH values or very high ones are severely injurious to living tissue. Sometimes the acidity or alkalinity of a substance will be manipulated for therapeutic reasons. An example of this would be making a topical product more acidic to increase penetration of the formula. Note that decreasing pH does not always uniformly result in increased topical penetration because penetration depends on many factors in addition to pH.

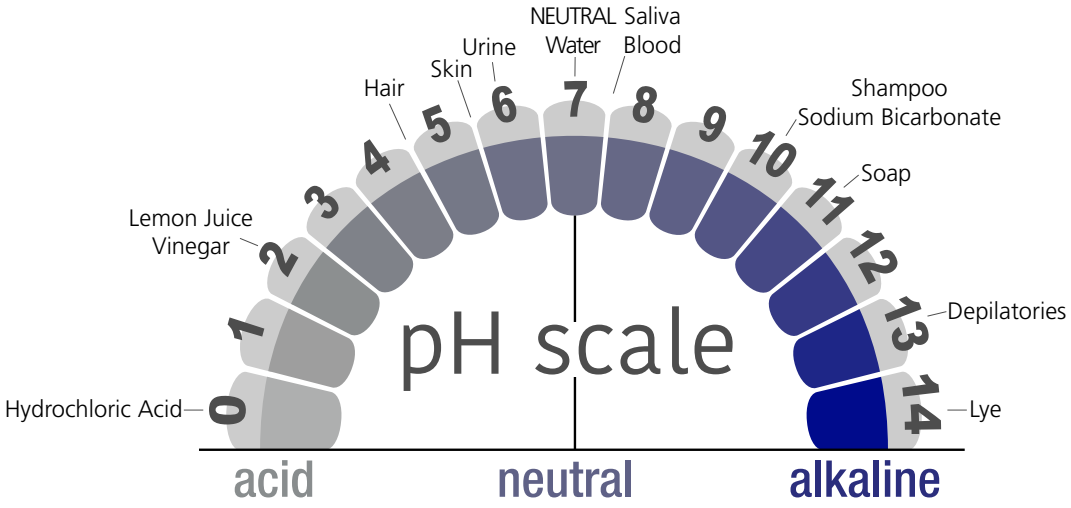


DIAGRAM 4.0

When going from five (5) to four (4) on the above pH scale, the number of hydrogen ions increases by ten (10) times. This means the solution becomes ten (10) times more acidic and ten (10) times less alkaline. When moving from five (5) to three (3) on the above scale, the solution becomes one hundred (100) times more acidic (10 x 10) and one hundred (100) times less alkaline. Moving upwards in the numerical values and to the right on the scale indicates more alkalinity (less acidity). Moving downwards in the numerical values and to the left on the scale indicates more acidity (less alkalinity).

UNDERSTANDING CHEMICAL PEEL DEPTHS

Chemical peels of various types are commonly classified as superficial (light), medium-depth (medium), or deep-depth (deep) – depending upon their depth of intended penetration into the skin. As chemical peels go deeper, the risks of complications increase. Skin care professional's skill, experience, and training become increasingly imperative for the best patient outcomes.

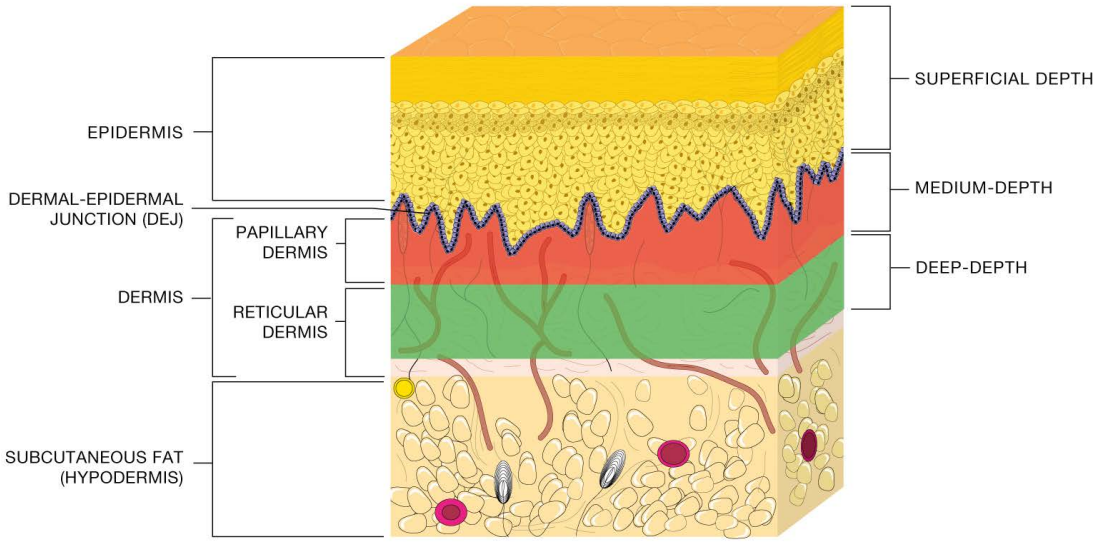


DIAGRAM 5.0

Chemical peels acquired their name due to the "peeling" associated with them. Peeling was seen with early chemical peels because the solutions used tended to be quite injurious to the skin. Hence, the skin "peeled" off in sheets. With modern chemical peels and some newer ingredients, peeling is not always seen. Furthermore, the degree of actual "peeling" accompanying the chemical peel is not always a good indication of the expected results. Although peeling may be an indication that good results will follow, it is not always a requirement. While the amount of visual peeling seen with a chemical peel may help predict the outcome, a successful outcome also depends upon many other factors including the patient's skin condition, amount of dry skin present, age, concentration of chemical peel ingredients used, pre-peel preparation, pre-peel exfoliation or lack of it, number of chemical peels given in a sequence, home care regimen, along with other factors.

Superficial chemical peels have the capability to penetrate into the epidermis but not past the basal epidermis or through the dermal epidermal junction (DEJ). The alpha hydroxy acid (AHA) chemical peels are typical examples of superficial chemical peels as are the beta hydroxy acid (BHA) chemical peels and the Jessner peel. Superficial chemical peels do not cause "peeling" of sheets of skin but may be associated with some amounts of dryness or flaking. The classic Jessner peel with 14 percent each of resorcinol, lactic acid, and salicylic acid in an ethanol base is another example of a superficial chemical peel. However, the Jessner peel has undergone numerous modifications and revisions over the many years it has been in use, and these changes might modify its depth of penetration.

Medium-depth chemical peels penetrate deeper than superficial chemical peels. These can penetrate into the papillary dermis but not as far as the reticular dermis. The most common example of a medium-depth chemical peel is the trichloroacetic acid (TCA) chemical peel although other ingredient combinations with medium-depth penetration are available. Peeling is experienced following TCA chemical peels.

Deep-depth chemical peels penetrate past the papillary dermis and into the reticular dermis. The most common example of a deep-depth chemical peel is the phenol chemical peel.

For further explanation of these chemical peels as well as others, including mechanisms of action, see the next chapter titled "COMMON PEELING AGENTS".

No chemical peels are designed to penetrate beyond the deep dermis or even beyond the lowest part of the hair follicle, known as the hair bulb. Penetration that extends this deeply will destroy all the stem cells of the skin that are required for regeneration of new skin. This will result in scarring and unacceptable results when healing eventually occurs.

COMMON PEELING AGENTS

This section explains various types of chemical peel ingredients, peel combinations, and peel depths. It is common for different types of ingredients to be combined to achieve a deeper chemical peel depth or results different than those expected from each ingredient alone. It is essential to know that ingredient and formulation quality will vary by manufacturer and play a significant role in the effectiveness of the chemical peel procedure as well as the patient's satisfaction.

COMMON CHEMICAL PEEL INGREDIENTS

- **ALPHA-HYDROXY ACIDS (AHAs):**
  AHAs have multiple applications in the aesthetic industry and are widely used for superficial peeling. They are used to accelerate the exfoliation process, help reduce fine lines, soften stronger lines, enhance texture, and improve the overall look and feel of the skin. AHAs are the most common ingredients found in chemical peels. AHAs dissolve corneodesmosome bridges holding epidermal cells together. A more recently discovered minor mechanism of action involves the influx of calcium ions into cells causing the death of the keratinocyte followed by exfoliation. Changing concentration and time left on the skin will modify results obtained from AHAs. AHAs can be manufactured in the laboratory or obtained from natural sources.

  - **Acetic acid:** Acetic acid reduces bacterial counts on the skin. It is found in vinegar.
  - **Citric acid:** Citric acid encourages desquamation like the other AHAs. It also attracts water into the skin and helps improve the water content in hyaluronic acid. It is naturally found in citrus fruits.
  - **Glycolic acid:** The most commonly used AHA is glycolic acid. It is the smallest molecule of the AHA group and therefore has the best skin penetration. It requires neutralization with an alkaline solution such as bicarbonate, baking soda solution, or sodium hydroxide solution. Glycolic acid is often used in concentrations varying from 25 percent to 70 percent and a pH between one (1) and three (3). Flaking appears with the higher concentrations of glycolic acid, but this remains a superficial peeling ingredient. Increased collagen deposition has been documented with glycolic acid use. Glycolic acid may be obtained from sugar cane.
  - **Lactic acid:** Lactic acid has hydrating qualities due to favorable effects on the skin's lipid structure. It may be included in chemical peels for both its exfoliating and hydrating properties. Lactic acid may be naturally obtained from sour milk.
  - **Malic acid:** Malic acid is a gentle exfoliator compared to the other AHAs. Other skin benefits include mild lightening/brightening, texture improvements, and antimicrobial ability. Malic acid is found in apples, vegetables, and wine.

- **Pyruvic acid:** Pyruvic acid is also termed alpha-ketoacid. Conversion of pyruvic acid to lactic acid occurs within the skin cell and gives this ingredient some hydrating ability. It is uncommonly used but is more lipid soluble than the other water-soluble AHAs. Its partial lipid solubility allows it to penetrate sebum within the pore of the pilosebaceous unit to some degree – but still considerably less so than salicylic acid. It has been shown to increase the synthesis of collagen, elastin, and glycosaminoglycans (GAGs) within the dermis.

- **Tartaric acid:** Tartaric acid may be made in the lab or sourced from a variety of botanicals including grapes, bananas, citrus, and other fruits or berries. It is also found in wine. The exfoliation properties of tartaric acid are gentle, but it has greater antioxidant capacity compared to other AHAs.

- **BETA-HYDROXY ACIDS (BHAs):**
  BHAs are highly lipophilic (fat soluble) and therefore penetrate well into sebum within pores. These ingredients are excellent for individuals with very oily skin types. In addition to the ability to penetrate sebum, BHAs are anti-inflammatory and possess keratolytic activity. Because of these qualities, they are often included in chemical peels for acne. BHAs are best known for their ability to clean pore debris and help resolve congestion.

  - **Capryloyl salicylic acid:** This BHA possesses all the advantages of salicylic acid but exceeds it in terms of tolerability. It improves resistance to UV damage and minimizes clumping during desquamation.

  - **Salicylic acid:** Salicylic acid is the prototype BHA and the most common one used. It is anti-inflammatory, keratolytic, and dissolves in sebum. Salicylic acid not only affects the pore and its contained sebaceous debris but also improves exfoliation. It shortens epithelial turnover time after liquefying epidermal cellular adhesion and causing shedding of epidermal cells. When applied to the healthy skin, salicylic acid causes an increase in both epidermal and dermal thickness.

  - **White willow bark extract:** White willow bark contains numerous components beneficial to the skin including salicin, tannins, polyphenols, flavonoids, and minerals. These are potent antioxidants and also assist with cellular regeneration. White willow bark extract is less irritating than salicylic acid.

- **PHENOL:**
  Pure phenol chemical peels are only given by physicians. They require sedation and anesthesia. In spite of inducing some anesthetic effects to the nerve, they remain painful. They may be associated with permanent skin bleaching due to toxic effects on the melanocyte. Phenol must never be used in pregnant or nursing patients. The use of phenol chemical peels has consistently declined due to its toxicity and the skill required to use it consistently. It is systemically absorbed through the skin and can cause kidney damage. Phenol should be avoided in Fitzpatrick types IV, V, and VI because of the hypopigmentation and "waxy" appearance it can cause. The penetration of a phenol chemical peel is terminated by the resulting protein coagulation stopping the chemical peel extension.

- **RESORCINOL:**
  Like all peeling agents, resorcinol can be used in various concentrations. The higher concentrations have been associated with improvements in striae (stretch marks). Resorcinol is cytotoxic and causes permeability membrane changes in the cell leading to cell death and exfoliation. Resorcinol is most commonly used as an ingredient in the Jessner peel.

- **RETINOL AND DERIVATIVES:**
    - **Retinol:** Retinol and Vitamin A are the same molecule. Vitamin A is required for normal growth and development of all epithelial tissues including skin. It also has lightening and brightening activity and is an antioxidant. At higher concentrations, retinol can act as a peeling agent.
    - **Retinoic acid:** Retinoic acid is a derivative of the retinol (Vitamin A) molecule. Retinoic acid chemical peels have been shown to increase collagen and elastin deposition, improve skin's water content, and lighten skin by inhibiting the transfer of melanosomes from melanocyte to keratinocyte in the basal epidermal layer.
- **TRICHLOROACETIC ACID (TCA):**
  TCA is the most common example of a medium-depth chemical peel. This ingredient works through protein coagulation of cell membrane proteins, resultant cell death, and tissue sloughing. Effects are much greater at higher concentrations, and considerable inflammation also results. Down time is usually about a week with considerable discomfort, redness, swelling, crusting, and peeling. Varying application technique or concentration of TCA may result in a deep-depth chemical peel.

COMBINATION CHEMICAL PEELS

Combination chemical peels are probably those chemical peels in most common use. To lessen toxicity or improve results, combinations of ingredients are used. Multiple ingredients with different mechanisms of action can combine to form a better chemical peel and may target several skin problems at once while minimizing undesirable side effects.

- **AHA COMBINATIONS (superficial chemical peel):**
  AHAs are often used in combination with each other for efficiently improving desquamation, shortening the epithelial turnover time, and giving benefits from several ingredients. AHA combinations are superficial chemical peels and cause increased exfoliation. Actual "peeling" is not experienced with AHA chemical peels, although sometimes mild flaking can be seen. AHA combinations are often recommended for home care following various chemical peels.
- **BHA COMBINATIONS (superficial chemical peel):**
  If salicylic acid is used over too large a body surface area, toxicity (salicylism) may result. This manifests as ringing in the ears, stomach upset, nausea, vomiting, diarrhea, hyperventilation, electrolyte disturbances, seizures, and even death. To avoid salicylism, salicylic acid at 30 percent was combined with polyethylene glycol (PEG).
- **AHA AND BHA COMBINATIONS (superficial chemical peel):**
  AHAs are often combined with BHAs to increase desquamation and clean oily debris from the pore of the pilosebaceous unit. Chemical peels for acne often used these combinations. The anti-inflammatory activity of the BHA component is also of benefit for acne chemical peels.
- **BAKER-GORDON PEEL (deep-depth chemical peel):**
  This solution contains 88 percent phenol, 44 percent water, 4.5 percent croton oil, and 1.5 percent liquid detergent. Croton oil can be carcinogenic and has been used to induce malignant tumors in the skin of laboratory animals. The risks of phenol chemical peels are also found with the Baker-Gordon peel.

- **JESSNER PEEL (superficial/medium-depth chemical peel):**
  The classic Jessner peel was popularized by Dr. Max Jessner in the 1950s and consisted of 14 percent each of lactic acid, salicylic acid, and resorcinol in an alcohol base. It is usually considered a superficial chemical peel. The Jessner peel has been widely used for the benefit of acne patients. Since Dr. Jessner's time, there have been many modifications of the classic Jessner peel along with the addition of other ingredients or combinations and these modifications may give a stronger or weaker chemical peel than the original.

- **PHENOL COMBINATIONS (medium-depth/deep-depth chemical peel):**
  Phenol is considered the classic example of a deep-depth chemical peel ingredient. Because of toxicity and the level of skill required to use it, combination chemical peels using lower combinations of phenol have been developed. However, these still exhibit the same potential side effects as pure phenol chemical peels. Phenol may be combined with 50 percent TCA in a deep-depth chemical peel. Please reference BAKER-GORDON PEEL on page 15.

- **TCA COMBINATIONS (superficial/medium-depth/deep-depth chemical peel):**
  The hypopigmentation frequently seen with 50 percent TCA may be avoided by combining lesser concentrations of TCA with other ingredients. Another medium-depth chemical peel in use is the combination of 35 percent TCA with Jessner solution. Other TCA combinations include carbon dioxide (dry ice) plus TCA or 35 percent TCA plus 70 percent glycolic acid. Please reference PHENOL COMBINATIONS above.

- **OTHER COMBINATIONS:**
  Many other chemical peel ingredient combinations are possible.

FROSTING

Frosting is the term referring to the appearance of a white film on the skin during or immediately following a chemical peel. Frosting is an effect of the chemical peel solution when proteins coagulate in the skin cells. The affected skin cells are no longer living, and they will later slough off the surface of the skin or "peel".

Chemical peels that coagulate skin proteins, kill skin cells, and produce a frost usually exhibit peeling in the few days following the chemical peel. The peeling most usually occurs in days one (1) to three (3) following the chemical peel, although some peeling may occur up to five (5) days following the chemical peel. Some mild peeling or flaking could continue up to ten (10) days. These types of chemical peels include modified Jessner peels, TCA (trichloroacetic acid) chemical peels, phenol chemical peels, and some combination chemical peels. There are many factors that affect whether frosting occurs and these may include characteristics of the chemical peel solution itself, the time that the solution is left on the skin, application pressure used, number of layers ("passes") applied, skin preparation done at home, skin preparation done at the aesthetic practice prior to the chemical peel, presence of dry skin, use of other skin care products (especially exfoliants), presence of open wounds, skill and experience of the skin care professional, use of post-peel home care products, and others.

With chemical peels containing salicylic acid, a thin powdery-looking white layer appears on the superficial skin. This is sometimes called "frosting" but this is incorrect, as it is not true frosting. This white appearance is due to the evaporation of the liquid components of the chemical peel solution and the visible remaining crystals (or "precipitate") of salicylic acid remaining on the surface of the skin. These salicylic acid crystals may be gently wiped off the skin with a wet gauze sponge, while true frosting cannot be wiped away, since it is adherent to the rest of the skin and is part of the skin itself. Do not continue to aggressively wipe away what is thought to be crystallization of salicylic acid because, in the case of true frosting, this can result in bleeding and unwanted tissue damage. However, the appearance of salicylic acid crystals does not relate to chemical peel depth and does not necessarily indicate the end-point of the chemical peel.

CHEMICAL PEEL NEUTRALIZATION

Some chemical peel solutions require neutralization while others do not. The purpose of neutralization is to terminate the activity of the chemical peel on the skin through raising the pH to more closely approximate that of normal skin. This also helps resolve the discomfort the patient may be experiencing from the chemical peel. As the pH rises, the chemical peel solution becomes inactive. The requirement for neutralization depends upon the type of acid used in the chemical peel. For those chemical peels using a neutralization agent, each specific chemical peel usually requires a specific neutralization solution. It is best to follow the manufacturer's recommendations in this regard.

Glycolic acid always requires neutralization. Being the smallest alpha hydroxy acid (AHA), it has the best epidermal penetration. Without neutralization, the acid remains active within the epidermis, continues to burn, damages skin cells, and further penetrates epidermal layers. This leads to undesirable results and patient discomfort. Since glycolic acid, like other chemical peel solutions, is an acid with a low pH, a base (alkaline solution with a high pH) is applied to raise its pH closer to that of normal skin and stop its activity. However, if the pH of the neutralization solution is very high (basic/alkaline), then considerable heat is created in this chemical reaction resulting in inflammation and irritation. Water and baking soda (bicarbonate of soda) can be used for neutralization but may cause additional flushing and stinging. The best neutralization for glycolic acid is a professionally purchased solution specifically designed for this purpose.

There are chemical peel acids that only sometimes require neutralization. The need for neutralization to stop their activity depends upon formulation and acid concentration. Lactic acid is an example of an acid that sometimes requires neutralization and sometimes does not. In low concentrations of approximately fifteen (15) percent, lactic acid self-neutralizes. However, at concentrations around forty-five (45) percent, lactic acid requires neutralization with a base (alkaline solution). Manufacturer protocols must be carefully followed in these instances of variabilities as well as with all other chemical peel types.

Other acids in chemical peel solutions do not require neutralization by another applied solution and are termed "self-neutralizing". This is somewhat of a misnomer since they are neutralized by the water and other components within skin cells. Their activity is thus spontaneously terminated shortly after application by substances inherent within the skin cells themselves. Examples of self-neutralizing chemical peels are the TCA (trichloroacetic acid) chemical peels and Jessner peels.

PART 2

PRODIGY PEEL SYSTEMS

PRODIGY PEEL SYSTEMS

The PRODIGY PEEL "P2" SYSTEM combines resorcinol, lactic acid, salicylic acid, and citric acid to target multiple skin concerns ranging from mild to moderate aging, mild acne, and pigment irregularities. These ingredients are coupled with a powerful "booster", featuring an advanced form of salicylic acid, providing enhanced benefits when compared to other superficial chemical peels. Because of its innovative formulation design, there is a decreased chance of pigment irregularities and can be used on all skin types, including darker Fitzpatrick types. The "P2" SYSTEM is self-neutralizing and requires no neutralizing products. Optimal, cumulative improvements will be noted after administering a series of procedures.

The PRODIGY PEEL PRO "P3" SYSTEM combines resorcinol, lactic acid, salicylic acid coupled with a powerful "booster", featuring an advanced form of salicylic acid, to provide an enhanced superficial to medium-depth chemical peel, resulting in a brighter and more youthful complexion. This multi-tasking chemical peel works to powerfully target skin laxity, acne, hyperpigmentation, fine lines and wrinkles, and uneven skin texture – visibly improving skin imperfections resulting in a renewed complexion. It can be used on most skin types but is most suited to Fitzpatrick types I, II, and III. It is particularly beneficial to individuals with hyperpigmentation, aging, and blemish-prone skin. The "P3" SYSTEM is self-neutralizing and requires no neutralizing products. Visible results will be noted after just one procedure; cumulative improvements will be noted after administering a series of procedures.

The "P2" SYSTEM is a superficial peel system designed to address fine lines and wrinkles, hyperpigmentation, acne, superficial scars, and other concerns associated with photoaging.

INCLUDED (6 TREATMENTS)
PRODIGY PREP (toner): 30 mL ℮ 1 fl. oz. (4oz/application)
PRODIGY PEEL (peel solution): 6 vials (6 mL ℮ 0.2 fl. oz.)
PRODIGY BOOST (booster): 6 vials (4 mL ℮ 0.13 fl. oz.)
Mixing Cups

The "P3" SYSTEM is a superficial to medium-depth peel system designed to address fine lines and wrinkles, hyperpigmentation, acne, superficial scars, and other concerns associated with photoaging.

INCLUDED (6 TREATMENTS)
PRODIGY PREP (toner): 30 mL ℮ 1 fl. oz. (4oz/application)
PRODIGY PEEL PRO (peel solution): 6 vials (6 mL ℮ 0.2 fl. oz.)
PRODIGY BOOST (booster): 6 vials (4 mL ℮ 0.13 fl. oz.)
Mixing Cups

ADDITIONAL SUPPLIES NEEDED:
Surgical gloves, surgical mask, cotton gauze pads (2" by 2"), headband, handheld fan, towels, bowl, soft towel or wipe.

iS CLINICAL products: CLEANSING COMPLEX, SHEALD™ RECOVERY BALM, EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+

The pH values for the PRODIGY PEEL SYSTEMS are given below:

pH LEVELS			
PRODIGY PEEL "P2" SYSTEM		**PRODIGY PEEL PRO "P3" SYSTEM**	
PRODIGY PREP	3.5	PRODIGY PREP	3.5
PRODIGY PEEL	1.8	PRODIGY PEEL PRO	1.7
PRODIGY BOOST	2.4	PRODIGY BOOST	2.4

The pH values for all solutions in the PRODIGY PEEL SYSTEMS are very acidic, as is expected for chemical peel formulations. This degree of acidity assists dissolution of the stratum corneum lipids to encourage penetration and effectiveness of the chemical peels. Although the pH of any chemical peel is certainly important, it is critical to remember that the acidity of the chemical peel is not the only factor determining penetration of the various ingredients contained within the chemical peel. Other essential factors include the types, purity, and efficacy of the ingredients utilized, the interaction of the ingredients in the formula, the absorption of the solution, and preparation of the skin prior to the application of the peel.

The iS CLINICAL PRODIGY PEEL SYSTEMS is for professional use only, intended to be administered by a Licensed Medical Professional (physician, nurse, or aesthetician under physician supervision) in a clinical office environment (OSHA compliant).

PRODIGY PREP

Step 1: PRODIGY PREP (toner)

Used in PRODIGY PEEL "P2" SYSTEM and PRODIGY PEEL PRO "P3" SYSTEM

BENEFITS

- Gentle on the skin
- Ideal skin preparation for chemical peel procedure
- Helps calm the skin
- Overcomes barrier ceramides for optimal procedure results

COMMENTS

PRODIGY PREP features Witch Hazel in an alcohol base (which offers many benefits to the skin), rather than the more commonly-used acetone (an irritant that generates erythema and inflammation). It removes barrier lipids and optimizes chemical peel results. The PRODIGY PREP combines botanical, pharmaceutical grade ingredients to ensure optimal skin preparation.

KEY INGREDIENTS	DESCRIPTION
• Hamamelis virginiana (witch hazel) water: 86% • Alcohol: 14%	• Natural astringent with antioxidant properties. Gentle and non-drying to the skin. • Removes excess skin barrier lipids for optimum chemical peel results through "de-fatting" of the skin surface.

DESCRIPTION

- Clear to amber solution

PRODIGY PEEL

Step 2: PRODIGY PEEL (peel solution)

Used in PRODIGY PEEL "P2" SYSTEM

BENEFITS

- Stimulates the natural exfoliation process
- Diminishes the appearance of uneven skin tone
- Helps reduce the appearance of fine lines and wrinkles
- Provides a revitalized and radiant complexion

COMMENTS

The PRODIGY PEEL solution is formulated with four potent acids that work synergistically to effectively target skin concerns with less down time. It can be used on all skin and Fitzpatrick types. Suitable for all ages.

INDICATIONS

- Mild to moderate acne
- Uneven skin texture
- Fine lines and wrinkles
- Skin laxity

DESCRIPTION

- Clear to amber solution

KEY INGREDIENTS	DESCRIPTION
• Resorcinol: 8%	• Disrupts keratin hydrogen bonds, preparing the skin barrier for peeling. Removes excess pigmentation.
• Lactic acid: 8%	• An AHA with hydrating effects that dissolves corneocyte bonding and contributes to efficient desquamation.
• Salicylic acid: 8%	• Unique lipid-soluble formula that removes debris from the pores and provides enhanced smoothness through corneodesmosome effects. Encourages the mimicking of normal skin turnover. Antioxidant and anti-inflammatory properties.
• Citric acid: 8%	• An AHA that potentiates activity of the other chemical peel solution ingredients while remaining within safety profiles for all Fitzpatrick types and all skin types.

PRODIGY PEEL PRO

Step 2: PRODIGY PEEL PRO (peel solution)

Used in PRODIGY PEEL PRO "P3" SYSTEM

BENEFITS

- Powerfully targets multiple skin concern including skin laxity, acne, lines, and wrinkles.
- Especially beneficial for a patient with hyperpigmentation
- Enhances the cellular renewal process
- Noticeably renewed complexion

COMMENTS

The more powerful PRODIGY PEEL PRO solution features high percentages of three powerful acids and is designed to maximize results by creating increased desquamation at a deeper level. It can be used on most skin types, but is most suited to Fitzpatrick types I, II, III. It is particularly beneficial to patients with hyperpigmentation and aging concerns.

INDICATIONS

- Hyperpigmentation
- Photodamage
- Acne and acne scarring
- Lines and wrinkles
- Aged complexion
- Dull skin

DESCRIPTION

- Clear to amber solution

KEY INGREDIENTS	DESCRIPTION
• Resorcinol: 14%	• Disrupts keratin hydrogen bonds, preparing the skin barrier for peeling. Removes excess pigmentation.
• Lactic acid: 14%	• An AHA with hydrating effects that dissolves corneocyte bonding and contributes to efficient desquamation.
• Salicylic acid: 14%	• Unique lipid-soluble formula that removes debris from the pores and provides enhanced smoothness through corneodesmosome effects. Encourages the mimicking of normal skin turnover. Antioxidant and anti-inflammatory properties.

PRODIGY BOOST

Step 3: PRODIGY BOOST (booster)

Used in PRODIGY PEEL "P2" SYSTEM and PRODIGY PEEL PRO "P3" SYSTEM

BENEFITS

- Potentiates effects of the PRODIGY PEEL and PRODIGY PEEL PRO solutions
- Encourages normal epithelial development and healing
- Increases the exfoliation process initiated by chemical peel solutions
- Antioxidant and anti-inflammatory properties

COMMENTS

PRODIGY BOOST is included in both the PRODIGY PEEL "P2" solution and PRODIGY PEEL "P3" solution combines the most scientifically advanced chemical compounds which work together to significantly boost the power of the peels, while encouraging skin regeneration. It can be used on all skin and Fitzpatrick types. Suitable for all ages.

INDICATIONS

- Pigment irregularities (or hyperpigmentation)
- Photodamage
- Acne
- Uneven skin texture
- Aging

DESCRIPTION

- Clear to amber solution

KEY INGREDIENTS	DESCRIPTION
• Retinol: 0.3%	• Antioxidant activity. Encourages youthful, healthy collagen synthesis. Facilitates early healing processes and encourages normal epithelial cell turnover.
• Capryloyl Salicylic acid: 5%	• An advanced form of salicylic acid. Unique lipid-soluble formula that removes debris from the pores and provides enhanced smoothness through corneodesmosome effects. Encourages the mimicking of normal skin turnover. Antioxidant and anti-inflammatory properties.
• Hexylresorcinol: 1%	• An ingredient with diverse benefits including powerful lightening properties with an ability to lift uneven pigment. Exhibits antiseptic and anesthetic properties, wrinkle reduction, potentiation of UVB and UVA protection, and skin barrier improvements against pollution and sun exposure.

PATIENT EVALUATION

Generally, individuals of all skin types are candidates for receiving either a "P2" SYSTEM or "P3" SYSTEM peel. The following criteria should be carefully obtained and reviewed before recommending which PRODIGY PEEL SYSTEM procedure is advised:

Patient Checklist:

- Complete Consultation Form (identify contraindications).
- Complete Informed Consent Form.
- Identify and evaluate patient expectations.
- Evaluate patient's history, skin type, and ethnic background.
- Evaluate all products and medications patient is either currently using and/or has used within the prior year (both oral and topical). If patient is utilizing topical products, evaluate complete topical regimen.
- Conduct examination and analysis of the areas of the skin to be treated (avoid treating areas of the skin exhibiting inflammation and/or erythema).
- Determine if the patient is a candidate for a PRODIGY PEEL SYSTEM procedure.
- Advise iS CLINICAL Home Care regime to optimize results.
- Photograph patient prior to procedure.

PATIENT INTERVIEW AND EVALUATION

HISTORY:

Patients who have not experienced a chemical peel procedure:

Patients who have never experienced a self-neutralizing chemical peel often require extra time to thoroughly explain the pre-procedural home care regime, actual procedure, post-procedural home care, realistic expectations and potential complications/cautions.

Every patient should be encouraged to ask questions and these questions should be thoroughly answered to the patient's satisfaction.

Patients who have experienced a chemical peel procedure:

Do not assume that patients who have received a chemical peel procedure utilizing products other than a PRODIGY PEEL SYSTEM will be familiar with the "P2" SYSTEM or "P3" SYSTEM experience. The practitioner should thoroughly explain the pre-procedural home care regime, actual procedure, post-procedural home care, realistic expectations and potential complications/cautions.

Every patient should be encouraged to ask questions and these questions should be thoroughly answered to the patient's satisfaction.

SELECTING THE "P2" OR "P3" SYSTEM:

"P2" SYSTEM: is advised for all Fitzpatrick Types, and recommended for Fitzpatrick types IV, V and VI. As the "P2" SYSTEM is more easily tolerated, the occurrence of post-inflammatory hyperpigmentation is extremely rare. Patients with sensitive skin, or those that exhibit an exaggerated inflammatory response are candidates for a patch test.

"P2" SYSTEM or "P3" SYSTEM: Either procedure is recommended for Fitzpatrick types I, II, and III. All Fitzpatrick types may be candidates for either the "P2" or "P3" SYSTEM according to the skincare professional's patient assessment. If the practitioner determines that a patient with Fitzpatrick type IV, V, or VI is a candidate, we recommend administering the "P2" procedure initially to determine the viability of the candidate for a "P3" procedure.

THE FITZPATRICK SCALE

The Fitzpatrick skin typing test was first organized in 1975 by Dr. Thomas Fitzpatrick. The Fitzpatrick scale has six different types ranging from light to very dark. Understanding a patient's Fitzpatrick type will assist the skin care professional in better understanding how the patient will respond to procedures and the potential complications that could develop. Full knowledge of the patient's lifestyle and ability to follow pre- and post-peel care instructions are imperative.

DIAGRAM 3.0

CHEMICAL PEELS AND FITZPATRICK TYPES

TYPE I:

- Patient typically responds well to chemical peels
- Very low risk of post-procedure pigment irregularities

TYPE II:

- Patient typically responds well to chemical peels
- Very low risk of post-procedure pigment irregularities

TYPE III:

- Patient should respond well to chemical peels
- Low risk of post-procedure pigment irregularities

TYPE IV:

- Superficial and medium-depth chemical peels can be safely done with appropriate attention to patient history
- Medium to low risk of post-procedure pigment irregularities, which depends upon chemical peel depth, agitation, and ingredients

TYPE V:

- Superficial chemical peels can be safely done
- Medium-depth chemical peels can be safely done with caution
- Greater risk of post-procedure pigment irregularities, which depends upon chemical peel depth, agitation, and ingredients

TYPE VI:

- Superficial chemical peels can be safely done with caution
- Highest risk of post-procedure pigment irregularities

GLOGAU CLASSIFICATION

Dr. Richard Glogau developed a standard evaluation scale in the 1970s used by skin care professionals to assess the severity of photoaging. Type I and early type II will have a procedure focus directed toward the prevention of aging changes. Advanced type II and early type III will desire rejuvenation and some procedures. Late type III and type IV will focus on corrective procedure.

TYPE I: General age group 20s to early 30s

- Minimal pigment change
- Keratoses not yet visible
- Few (if any) wrinkles or scarring

TYPE II: 30s and 40s

- Early to moderate photoaging
- Early brown "age spots"
- Lines seen only with the face in motion
- Noticeable skin texture changes
- Skin pores visible

TYPE III: Mid 40s to mid 50s

- Advanced photoaging
- Visible brown "age spots"
- Pigmentation
- Wrinkles visible with the face at a resting/relaxed state

TYPE IV: Mid 50s and beyond

- Severe photoaging
- Pre-cancerous skin changes (actinic keratoses)
- Sallow (yellow/grey) skin color
- Severe wrinkling

ETHNIC VARIABILITIES

It is important to consider the ethnic background of the patient. Regardless of their Fitzpatrick type, patients of Asian, Indian, Middle Eastern, and African descent tend to have more sensitive skin and may develop post-inflammatory hyperpigmentation. These individuals should be treated less aggressively than other patients. The practitioner should apply fewer passes (swipes) of the PRODIGY PEEL (peel solution), as well as the PRODIGY BOOST (booster) to more effectively control a desirable outcome.

Patients with a history of hypertrophic scaring or keloid formation should not receive the "P2" or "P3" SYSTEMS.

CONTRAINDICATIONS & BEFORE PROCEDURE

Before receiving the "P2" SYSTEM or the "P3" SYSTEM, patients are responsible for informing their skin care professional about any topical and/or oral medications or health conditions that may affect this procedure. Patient must seek medical release clearance before any aesthetic or medical procedure is considered.

The following condition(s) will exclude patients from receiving a PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL "P3" SYSTEM procedure (*unless indicated otherwise):

- Pregnant or possibility of being pregnant
- Nursing/breastfeeding
- Active cold sores, Herpes Type I or II, or warts in the treatment area*
- Wounded, sunburned, excessively sensitive skin
- History of allergy or sensitivity to any of the ingredients in the PRODIGY PREP, PRODIGY PEEL, PRODIGY PEEL PRO and/or the PRODIGY BOOST
- Allergy to aspirin or salicylates
- Allergy to idebenone
- Vitiligo
- History of autoimmune diseases including psoriasis, lupus, rheumatoid arthritis, dermatomyositis, multiple sclerosis, or any medical issues that may weaken the immune system
- History of any diseases of immune deficiency
- Inflammatory dermatitis conditions including rosacea, seborrheic dermatitis, systemic lupus erythematosus, or dermatomyositis
- Hyperpigmentation related to the prior use of hydroquinone-containing products

BEFORE PROCEDURE

Forty-eight (48) hours before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL "P3" SYSTEM procedure please avoid the following:

- Neurotoxin treatments (i.e., Botox®, Xeomin®, Dysport®, etc.)

*If the patient has a history of facial cold sores/Herpes Type I or II, then prophylactic treatment with an appropriate antiviral (such as valcyclovir/Valtrex® or acyclovir/Zovirax®) should be obtained and the patient should begin taking this one (1) - two (2) day's prior to the peel in the doses recommended by their prescribing physician. This antiviral should be continued for seven (7) days following the chemical peel is given or per physician's instructions.

One (1) week before receiving the PRODIGY PEEL "P2"SYSTEM or PRODIGY PEEL "P3" SYSTEM procedure, please avoid the following:

- Electrolysis or laser hair removal
- Waxing
- Depilatory creams
- No skin products prepared in a 100 percent ethyl alcohol base such as a Cleocin® topical antibiotic in an alcohol solution
- Exfoliating products or facial treatments that have been irritating including dermaplaning and microdermabrasion
- Retinoids such as Retin-A® or Renova®

One (1) month before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL "P3" SYSTEM procedure, please avoid the following:

- Chemical peels
- Microneedling
- Non-ablative resurfacing treatments
- Some ablative/invasive treatments (such as fractional laser, etc.) per the skin care professional's assessment

Six (6) months before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL "P3" SYSTEM procedure, please avoid the following:

- Facial surgery

One (1) year before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL "P3" SYSTEM procedure, please avoid the following:

- Accutane® (isotretinoin) use
- Chemotherapy or radiation therapy

APPLICATION OF PRESSURE CAUTION

Pressure controls the depth of the chemical peel. Applying with excessive pressure can cause deeper peeling, irritation, and longer healing time. Apply with light consistent pressure.

PATCH TESTING

When performing this procedure on a patient for the first time, we strongly advise to test patch before the full treatment. Spot treat near the ear or on inner arm. If excessive flaring, burning or itching occurs, **DO NOT** continue with this procedure. Any reaction should be noted within twenty-four (24) hours of application.

SAFETY PRECAUTIONS

- Licensed skin care professionals should ensure "P2" SYSTEM and/or "P3" SYSTEM are within listed expiration date before application of the chemical peel.
- "P2" SYSTEM and "P3" SYSTEM should be stored under the manufacturer's guidelines.
- Water should be easily accessible in the event of an emergency. All clinical staff should be trained on safety procedures.
- Patients are required to wear eye goggles during the preparation and application of chemical peel.
- Chemical peel solutions should always be prepared and poured on a stable surface, away from the patient to avoid spilling on the patient. After each pour, caps should be secured firmly to avoid spillage.
- Facility and treatment area should always comply and meet OSHA requirements.

In the event of an accident, see section "IN CASE OF ACCIDENT".

SKIN REACTIONS

DISCOMFORT LEVEL	PATIENT REACTION DURING PROCEDURE	PATIENT REACTION POST PROCEDURE	ACTION TO BE TAKEN
MILD Discomfort Range 1-4	• Mild erythema • Mild tingling • Mild itching	• Mild-Moderate erythema • Mild tingling • Mild itching • Dryness • Mild tightness	Continue procedure No additional treatment
MODERATE Discomfort Range 5-8	• Moderate erythema • Moderate tingling • Moderate itching • Light frosting with underlying erythema	• Moderate erythema • Moderate tingling • Moderate itching • Dryness • Uniform thin frosting with underlying erythema	Continue procedure with caution No additional treatment
SEVERE Discomfort Range 9-10	• Strong burning • Severe pain • Solid thick white frost with or without erythematous background	• Strong burning • Intolerable itching • Noticeable inflammation/ swelling especially around the eye and lip area • Extreme tightness • Blistering • Open ulcers • Pustules • Oozing • Solid thick frost with or without erythematous background	**STOP PROCEDURE** Thoroughly rinse area with copious amounts of cool water (3-4 gallons required for face) Contact MD immediately Schedule same-day office visit Complete adverse event report

PRODIGY PEEL "P2" SYSTEM PROTOCOL

PRE-PROCEDURE

The iS CLINICAL® "P2" SYSTEM must be administered in a professional medical/clinical environment that is compliant with OSHA regulations. Only licensed skin care professionals working within their licensure can render the iS CLINICAL "P2" SYSTEM. Medical supervision is recommended and may be required depending on your state's laws.

Before beginning the procedure, we recommend informing the patient what to expect from the procedure. They may experience tingling and/or a warming/burning sensation after the peel and booster step is administered. Provide the patient with a hand-held fan, which they can use to help cool the skin.

Advise the patient to use a 1-10 scale of discomfort to communicate their pain sensation during the procedure, with 1 being a very mild level of discomfort to 10, being the most extreme level of pain.

0-4: Very mild sensations of tingling, itching, or burning – but very tolerable
5-8: Moderate sensations of irritation, itching, or burning – but moderately tolerable
9-10: Severe sensations of irritation, itching, or burning – cannot be tolerated

- **COVER HAIR AREA**
- **CLEANSE:** Thoroughly cleanse the skin with iS CLINICAL CLEANSING COMPLEX or a gentle, pH balanced cleanser and rinse with water and gently pat dry.
  **Skin must be completely dry prior to the application of the PRODIGY PREP (toner).*
- **PROTECTION:** To protect the patient's eye area and avoid periorbital application lines, apply a thick coating of SHEALD™ RECOVERY BALM around the eyes, including the eyebrows. Also Apply SHEALD RECOVERY BALM to the lips, corners of mouth, and nostrils (mucous membranes).
- **PATIENT EYE GOGGLES** are required for patient safety.

STEP 1: PRODIGY PREP (toner)

Application
Pour approximately 4mL of the PRODIGY PREP solution into a clear plastic cup provided. Gather the four (4) corners of a 2"x 2" absorbent gauze into fingertips and place the central point into the solution until saturated. Use smooth, even strokes to completely spread the solution over the entire area to be treated. Allow skin to **dry thoroughly**.

STEP 2: PRODIGY PEEL (peel solution)

Application
We recommend between ONE (1) and THREE (3) applications ("passes") according to the skin care professional's assessment of the patient's response to the peel.

Pour 2mL per application of the PRODIGY PEEL solution into the clear plastic cup provided. Take a separate 2"x 2" gauze and gather the four (4) corners into fingertips and place the central point into the solution until saturated. Apply to the skin with smooth even strokes, making sure peel solution is deposited evenly over entire area to be treated. The skin should be wet but not dripping (avoid product pooling). Do not "rub in" or agitate the treated area.

Recommended peel solution application*:

1. Forehead: A single swipe application to the central forehead. Then apply in similar fashion from center of forehead to outer edge of facial area, repeat on opposite side.

2. Mid-face: Apply single swipe down the center of the nose, followed by a single swipe from side of the nose outwardly toward the outer edge of the face; repeat on opposite side of mid-face. Apply single swipe to the area below the nose (above the upper lip) from center to outward edges on each side.

3. Chin: Apply a single swipe to the central chin. Then apply to one side of the chin and the jaw followed by the opposite side of chin and jaw.

4. Neck and décolleté (if applicable): The neck area is more sensitive than the face, so we recommend only treating this area after the facial area has been applied and the patient has responded favorably. Apply swipe with very light pressure from ear lobes down on the sides of the neck and décolleté.

5. Allow the peel solution to dry completely before repeating procedure if indicated (approximately four (4) minutes between applications). If this is patients initial "P2" SYSTEM peel procedure, we recommend caution before applying additional layers of the peeling solution.

6. Check patient for excessive erythema or "frosting," which exhibits as white patches on the skin (make sure it is "frosting" rather than residual salicylic acid residue which are white crystals).

    - If frosting or excessive erythema is present, do not apply any additional layers.

    - If patient discomfort is excessive, do not apply additional layers of peeling solution.

STEP 3: PRODIGY BOOST (booster)

Application
Pour 4mL of the PRODIGY BOOST solution into the clear, measured plastic cup. Using a separate 2"x 2" gauze, apply the PRODIGY BOOST in a single layer in the same manner as for the peel solution. The skin should be wet with solution but not dripping. Avoid pooling of solution. Allow to dry.

Wait five (5) - ten (10) minutes to assess the patient for any other reactions (no severe discomfort expected). If severe discomfort develops, thoroughly rinse solution from the face with copious amounts of cool water and contact physician or your supervisor immediately.

*See DIAGRAM 6.0, pg. 40

Gently remove the patient's eye goggles and SHEALD RECOVERY BALM from periorbital areas and any protective layer that was applied to lips, corners of mouth, and nostrils (mucous membranes) with a small absorbent gauze pad. Apply a generous layer of EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+.

POST-PEEL CARE INSTRUCTIONS

The patient should avoid sun exposure. Following the application of EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+, no other product should be applied to the face until the evening, when the face may be gently washed with CLEANSING COMPLEX or a gentle cleanser and patted dry. In instances where a moisturizer is needed, apply a generous amount of SHEALD RECOVERY BALM. The patient should follow the full iS CLINICAL post-peel regimen as recommended in the PRODIGY PEEL SYSTEMS Home Care Brochure. This information is also outlined in the PRODIGY PEEL SYSTEMS Training Manual, chapter "POST-PEEL CARE INSTRUCTIONS".

The patient should be instructed to call their skin care professional for any problems and concerns regarding the chemical peel and/or their response to it and should avoid sun exposure. Patients should avoid hot baths, saunas, excessive sweating, vigorous exercise and/or tanning beds for ten (10) days post chemical peel.

NOTE - tanning bed use is strongly discouraged, and not advisable at any time.

PRODIGY PEEL PRO "P3" SYSTEM PROTOCOL

PRE-PROCEDURE

The iS CLINICAL® "P3" SYSTEM must be administered in a professional medical/clinical environment that is compliant with OSHA regulations. Only licensed skin care professionals working within their licensure can render the iS CLINICAL "P3" SYSTEM. Medical supervision is recommended and may be required depending on your state's laws.

Before beginning the procedure, we recommend informing the patient what to expect from the procedure. They may experience tingling and/or a warming/burning sensation after the peel and booster step is administered. Provide the patient with a hand-held fan, which they can use to help cool the skin.

Advise the patient to use a 1-10 scale of discomfort to communicate their pain sensation during the procedure, with 1 being a very mild level of discomfort to 10, being the most extreme level of pain.

0-4: Very mild sensations of tingling, itching, or burning – but very tolerable
5-8: Moderate sensations of irritation, itching, or burning – but moderately tolerable
9-10: Severe sensations of irritation, itching, or burning – cannot be tolerated

- **COVER HAIR AREA**
- **CLEANSE:** Thoroughly cleanse the skin with iS CLINICAL CLEANSING COMPLEX or a gentle, pH balanced cleanser and rinse with water and gently pat dry.
  **Skin must be completely dry prior to the application of the PRODIGY PREP (toner).*
- **PROTECTION:** To protect the patient's eye area and avoid periorbital application lines, apply a thick coating of SHEALD™ RECOVERY BALM around the eyes, including the eyebrows. Also Apply SHEALD RECOVERY BALM to the lips, corners of mouth, and nostrils (mucous membranes).
- **PATIENT EYE GOGGLES** are required for patient safety.

STEP 1: PRODIGY PREP (toner)

Application
Pour approximately 4mL of the PRODIGY PREP solution into a clear plastic cup provided. Gather the four (4) corners of a 2"x 2" absorbent gauze into fingertips and place the central point into the solution until saturated. Use smooth, even strokes to completely spread the solution over the entire area to be treated. Allow skin to **dry thoroughly**.

STEP 2: PRODIGY PEEL PRO (peel solution)

Application
We recommend between ONE (1) and THREE (3) applications ("passes") according to the skin care professional's assessment of the patient's response to the peel.

Pour 2mL per application of the PRODIGY PEEL PRO solution into the clear plastic cup provided. Take a separate 2"x 2" gauze and gather the four (4) corners into fingertips and place the central point into the solution until saturated. Apply to the skin with smooth even strokes, making sure peel solution is deposited evenly over entire area to be treated. The skin should be wet but not dripping (avoid product pooling). Do not "rub in" or agitate the treated area.

Recommended peel solution application*:

1. Forehead: A single swipe application to the central forehead. Then apply in similar fashion from center of forehead to outer edge of facial area, repeat on opposite side.

2. Mid-face: Apply single swipe down the center of the nose, followed by a single swipe from side of the nose outwardly toward the outer edge of the face; repeat on opposite side of mid-face. Apply single swipe to the area below the nose (above the upper lip) from center to outward edges on each side.

3. Chin: Apply a single swipe to the central chin. Then apply to one side of the chin and the jaw followed by the opposite side of chin and jaw.

4. Neck and décolleté (if applicable): The neck area is more sensitive than the face, so we recommend only treating this area after the facial area has been applied and the patient has responded favorably. Apply swipe with very light pressure from ear lobes down on the sides of the neck and décolleté.

5. Allow the peel solution to dry completely before repeating procedure if indicated (approximately four (4) minutes between applications). If this is patients initial "P3" SYSTEM peel procedure, we recommend caution before applying additional layers of the peeling solution.

6. Check patient for excessive erythema or "frosting," which exhibits as white patches on the skin (make sure it is "frosting" rather than residual salicylic acid residue which are white crystals).

    - If frosting or excessive erythema is present, do not apply any additional layers.

    - If patient discomfort is excessive, do not apply additional layers of peeling solution.

STEP 3: PRODIGY BOOST (booster)

Application
Pour 4mL of the PRODIGY BOOST solution into the clear, measured plastic cup. Using a separate 2"x 2" gauze, apply the PRODIGY BOOST in a single layer in the same manner as for the peel solution. The skin should be wet with solution but not dripping. Avoid pooling of solution. Allow to dry.

Wait five (5) - ten (10) minutes to assess the patient for any other reactions (no severe discomfort expected). If severe discomfort develops, thoroughly rinse solution from the face with copious amounts of cool water and contact physician or your supervisor immediately.

*See DIAGRAM 6.0, pg. 40

Gently remove the patient's eye goggles and SHEALD RECOVERY BALM from periorbital areas and any protective layer that was applied to lips, corners of mouth, and nostrils (mucous membranes) with a small absorbent gauze pad. Apply a generous layer of EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+.

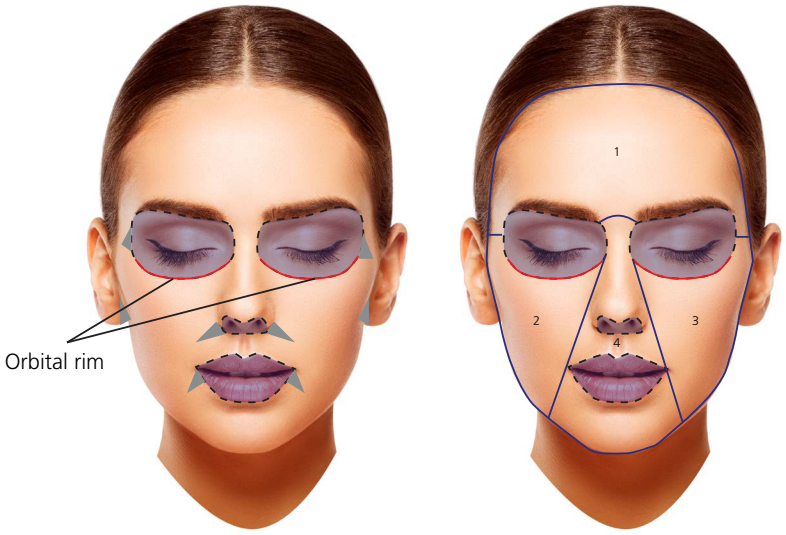
POST-PEEL CARE INSTRUCTIONS

The patient should avoid sun exposure. Following the application of EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+, no other product should be applied to the face until the evening, when the face may be gently washed with CLEANSING COMPLEX or a gentle cleanser and patted dry. In instances where a moisturizer is needed, apply a generous amount of SHEALD RECOVERY BALM. The patient should follow the full iS CLINICAL post-peel regimen as recommended in the PRODIGY PEEL SYSTEMS Home Care Brochure. This information is also outlined in the PRODIGY PEEL SYSTEMS Training Manual, chapter "POST-PEEL CARE INSTRUCTIONS".

The patient should be instructed to call their skin care professional for any problems and concerns regarding the chemical peel and/or their response to it and should avoid sun exposure. Patients should avoid hot baths, saunas, excessive sweating, vigorous exercise and/or tanning beds for ten (10) days post chemical peel.

NOTE - tanning bed use is strongly discouraged, and not advisable at any time.

APPLICATION VISUALS



Directional guide for applying chemical peel to the face using two methods (A and B)

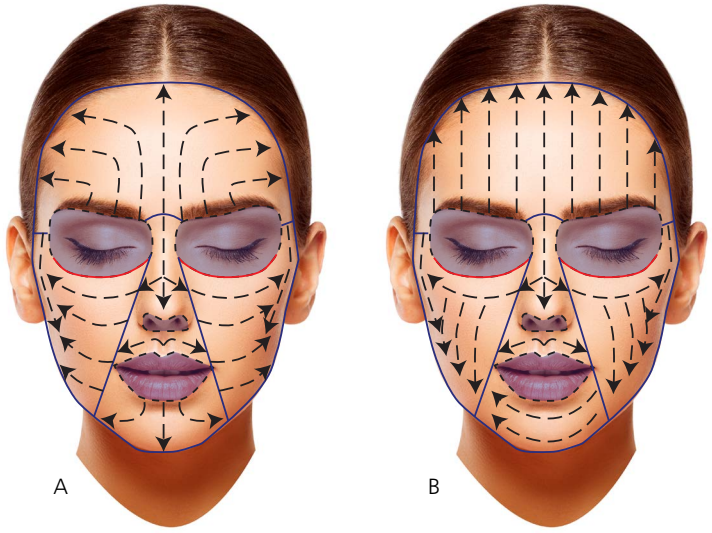


DIAGRAM 6.0

POST-PEEL CARE INSTRUCTIONS

What to expect after the "P2" SYSTEM or "P3" SYSTEM procedure:

DAY ONE (1): DAY OF THE PROCEDURE

SUGGESTED AM REGIMEN	SUGGESTED PM REGIMEN
• EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+	• CLEANSING COMPLEX • SHEALD™ RECOVERY BALM

- Mild to moderate redness, swelling, irritation, itching, tightness, and possible inflammation.
  - Do not scratch, pick or peel the skin.
- Sun exposure should be avoided.

DAYS TWO (2) TO SIX (6) FOLLOWING THE PROCEDURE

SUGGESTED AM REGIMEN	SUGGESTED PM REGIMEN
• CLEANSING COMPLEX • SHEALD™ RECOVERY BALM • EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+	• CLEANSING COMPLEX • SHEALD™ RECOVERY BALM

- Peeling begins and increases through this period.
  - Do not scratch, pick, or peel the skin. Flaking skin falls off on its own.
  - Redness underneath peeling may be visible.
- Sunburn-like redness, irritation, itching and tightness can continue during this period.
- Sun exposure should be avoided and EXTREME PROTECT SPF 30 or ECLIPSE SPF 50+ should be applied throughout the daytime.

BEGINNING DAY SEVEN (7) FOLLOWING THE PROCEDURE

SUGGESTED AM REGIMEN	SUGGESTED PM REGIMEN
• CLEANSING COMPLEX • PRO-HEAL SERUM® ADVANCE+® if erythema persists or GENEXC™ SERUM • HYDRA-COOL SERUM® • SHEALD™ RECOVERY BALM • EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+	• CLEANSING COMPLEX • SHEALD™ RECOVERY BALM or REPARATIVE MOISTURE EMULSION

- The skin is still very sensitive, especially to the sun and heat.
- Skin improvement(s) may be visible.
- Peeling or flaking may still be visible in some areas and can last up to ten (10) days.
- Changes are still taking place, and the skin requires appropriate care to optimize desirable final results.

PRODUCT RECOMMENDATIONS

CLEANSING COMPLEX

BENEFITS
- Gently deep-cleanses skin and pores to remove post-procedure debris without drying
- Balances hydration and promotes moisture retention
- Calms irritated skin
- Paraben-free

DOSAGE
Using a coin sized amount, you may cleanse two (2) to four (4) times daily or as directed by your service provider.

SHEALD™ RECOVERY BALM

BENEFITS
- Formulated to use on wounds
- Prevents scabbing and peeling
- Dramatically boosts and replenishes hydration to compromised skin
- Contains potent antioxidants to aid after-care recovery
- Relieves itching and discomfort to dry, distressed skin
- Creates a protective barrier to help skin heal

DOSAGE
Apply a generous, thick, even coating of SHEALD RECOVERY BALM to treated area. You may apply as often as needed for discomfort and to improve results.

PRO-HEAL SERUM® ADVANCE+®

BENEFITS
- Provides extremely powerful antioxidant protection, making it ideal for sensitive, compromised and sickly skin types
- Helps skin heal and reduces inflammation
- Paraben-free

DOSAGE
Three (3) to four (4) drops per application or as directed by your service provider.

GENEXC™ SERUM

BENEFITS
- Provides superior antioxidant protection
- Helps regenerate the skin
- Helps improve overall health and integrity of the skin
- Helps visibly improve skin tone and the feel of elasticity
- Paraben-free

DOSAGE
Three (3) to four (4) drops per application or as directed by your service provider.

HYDRA-COOL SERUM®

BENEFITS
- Provides intensive, penetrating hydration
- Cools, calms, and soothes dry, irritated skin
- Helps regenerate the skin
- Provides antioxidant protection
- Paraben-free

DOSAGE
A small amount per application or as directed by your service provider.

EXTREME PROTECT® SPF 30

BENEFITS
- Provides unprecedented multi-level broad spectrum UVA/UVB protection
- Protects against environmental damage with Extremozyme® technology
- Reduces the appearance of erythema (sunburn)
- Hydrates, smoothes and softens
- Provides an antioxidant-rich protective barrier
- Paraben-free

DOSAGE
Apply liberally to treated skin on a daily basis, at least fifteen (15) minutes prior to sun exposure.

ECLIPSE SPF 50+

BENEFITS
- Provides all-physical broad-spectrum UVA/UVB protection
- Helps to minimize the chance of visible scarring and prevents hyper-pigmentation
- Ultra-sheer, fast absorbing with a weightless finish
- Water resistant
- Paraben-free

DOSAGE
Apply liberally to treated skin on a daily basis, at least fifteen (15) minutes prior to sun exposure.

REPARATIVE MOISTURE EMULSION

BENEFITS
- Smoothes and hydrates the skin
- Provides penetrating and surface hydration
- Helps prevent environmental damage with Extremozyme® technology
- Great for all skin types including oily and sensitive skin
- Paraben-free

DOSAGE
Use a moderate amount [one (1) to two (2) pumps] per application.

CHEMICAL PEEL FREQUENCY

The total number of chemical peel procedures administered and their frequency depends upon the patient's response to the chemical peel system solutions and the skin care professional's assessment of the patient both before the chemical peel and during the chemical peel sequence. It is never recommended to administer an increased total number of chemical peels or lessen the time between the chemical peel procedure from the recommendations provided here by the manufacturer.

For the "P2" SYSTEM, a chemical peel can be given as often as every four (4) to eight (8) weeks, or according to the skin care professional's assessment. For the "P3" SYSTEM, a chemical peel can be given as often as every six (6) to eight (8) weeks, or according to the skin care professional's assessment. Summer treatment times are best avoided if the patient desires to spend a significant amount of time outdoors or incurring sun exposure. Considering the increased potency produced by the PRODIGY BOOST, giving the chemical peel more often than described above could be excessively challenging to the patient's skin in terms of inflammation, recovery time, and results.

To qualify for one (1) or several series of chemical peels, the patient must follow the skin care professional's instructions before, during, and after the chemical peel or peels.

Youthful, healthy skin requires approximately twenty-eight (28) days for a full cycle of natural exfoliation and recovery. Aging, over-processed, and severely photoaged skin requires additional time for recovery and renewal - up to eight (8) weeks. Over-exfoliation may result in metabolic challenges for which aging, over-processed, and photoaged skin is poorly prepared. This may compromise results and increase metabolic aging.

For a new patient with a history of skin sensitivities, suspected sensitivity, or any possible prior sensitivity to any of the chemical peel system ingredients, patch testing is indicated. Fitzpatrick IV, V and VI skin types, those with any prior hypertrophic scars, a family history of hypertrophic scars, or a family history of African or African American descent should also be patch tested prior to their first chemical peel. The "P2" SYSTEM or "P3" SYSTEM should only be performed if a negative patch test occurs. A negative patch test means no moderate to severe reaction occurs with application of a full chemical peel system – including PRODIGY PREP, PRODIGY PEEL at three (3) passes or PRODIGY PEEL PRO at three (3) passes, and PRODIGY BOOST. The patch test should be administered behind the patient's ear or on the inner part of the forearm with light pressure and otherwise follow the same instructions as for the facial chemical peels.

FREQUENTLY ASKED QUESTIONS (FAQS)

Q. What benefits should patients expect from the "P2" SYSTEM and "P3" SYSTEM?

A: The "P2" SYSTEM benefits include:

- Targets mild acne and visible signs of aging, including fine lines and wrinkles.
- Brightens pigmentation irregularities and uneven skin tone, revealing a revitalized, radiant complexion.
- Exfoliates and removes debris from congested pores.
- Great for all ages and skin types.

The "P3" SYSTEM benefits include:

- Significantly brightens uneven skin tone, including hyperpigmented skin and age spots.
- Powerfully targets skin imperfections such as skin laxity, acne-scarring, lines and wrinkles.
- Exfoliates and removes debris from congested pores.
- Great for all ages.

Q: What makes the "P2" SYSTEM and "P3" SYSTEM different from other chemical peels?

A: Only the purest and most powerful (pharmaceutical-grade) ingredients are combined utilizing the most cutting-edge science in order to create formulas that are extremely efficacious, yet well tolerated by the skin.

Step 1: PRODIGY PREP (toner) included in the "P2" SYSTEM and "P3" SYSTEM features Witch Hazel (which offers many benefits to the skin), rather than the most commonly-used acetone (an irritant that generates erythema and inflammation).

Step 2: PRODIGY PEEL (peel solution) used in the "P2" SYSTEM is formulated with four potent acids that work synergistically to effectively target skin concerns with less down time.

Or: The more powerful PRODIGY PEEL PRO (peel solution) used in the "P3" SYSTEM features high percentages of three powerful acids and is designed to maximize results by creating increased desquamation at a deeper level.

Step 3: PRODIGY BOOST (booster) included in the "P2" SYSTEM and "P3" SYSTEM combines the most scientifically advanced chemical compounds which work together to significantly boost the power of the peels, while encouraging skin regeneration.

Both the "P2" SYSTEM and "P3" SYSTEM help to correct a number of imperfections without the harshness associated with most chemical peel procedures while still maintaining and even enhancing the health of the skin.

Q: What are the mechanisms of the "P2" SYSTEM and "P3" SYSTEM?

A: Both the "P2" SYSTEM and "P3" SYSTEM are designed to desquamate surface skin cells in an even and controlled manner. This process encourages the skin's natural exfoliation process and skin renewal mechanisms. Skin regeneration is further enhanced by the synergistic effects of the nutritional ingredients.

Q: How frequently would you recommend the "P2" SYSTEM be administered?

A: The "P2" SYSTEM can be administered as often as every four (4) to eight (8) weeks, or subject to the skin care professional's assessment. Administering peels during summer months when the patient desires to spend time outdoors or when incurring heavy sun exposure is discouraged.

Q: How frequently would you recommend the "P3" SYSTEM be administered?

A: The "P3" SYSTEM can be administered as often as every six (6) to eight (8) weeks, or subject to the skin care professional's assessment. Administering peels during summer months when the patient desires to spend time outdoors or when incurring heavy sun exposure is discouraged.

Q: How long should a patient remain out of direct sunlight following the "P2" SYSTEM or "P3" SYSTEM procedures?

A: Post "P2" and "P3" procedure, the patient should avoid direct sun exposure when possible. During periods when the patient is exposed to the sun, EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+ should be generously applied throughout the day.

Q: How long after the "P2" SYSTEM or "P3" SYSTEM can patients resume their normal skin care regimen?

A: A slow, gradual reintegration of their regular skin care regimen begins seven (7) to fourteen (14) days post-peel. Patients should follow the protocol provided by their skin care professional.

Q: How long following the "P2" SYSTEM or "P3" SYSTEM procedure may the patient experience "peeling" or "flaking" of the skin?

A: In most cases, moderate peeling or flaking will be visible for three (3) to seven (7) days following these procedures. Some mild peeling or flaking may still occur for up to ten (10) days.

Q: How long should a typical "P2" SYSTEM or "P3" SYSTEM procedure take to administer?

A: A standard "P2" SYSTEM or "P3" SYSTEM procedure will require approximately forty-five (45) minutes.

Q: Is it normal to see skin discoloration following the "P2" SYSTEM or "P3" SYSTEM procedure?

A: The appearance of mild to moderate discoloration associated with the exfoliation phase ("peeling") may take place. This will quickly resolve especially with daily use of the recommended home care regimen including appropriate daily application of EXTREME PROTECT SPF 30 or ECLIPSE SPF 50+.

Q: Why is it important to apply the iS CLINICAL Home Care products following your PRODIGY PEEL SYSTEMS procedure?

A: Following chemical peels, skin is vulnerable to side effects. The use of the recommended iS CLINICAL skin care regimen not only protects the skin but helps to encourage maximum skin health and healing during this time. The iS CLINICAL post-peel product recommendations enhance result, minimize any possible side effects, and help to maintain the results of your "P2" SYSTEM and "P3" SYSTEM procedure. The patient should follow the full iS CLINICAL post-peel regimen as recommended in the PRODIGY PEEL SYSTEMS Home Care Brochure. This information is also outlined in the Prodigy Peel Systems Training Manual, chapter "POST-PEEL CARE INSTRUCTIONS".

Q: What office types and skin care professionals may perform the "P2" SYSTEM and "P3" SYSTEM procedures?

A: The requirements for professional practices that may perform the "P2" SYSTEM and "P3" SYSTEM procedures vary slightly depending on applicable laws. In most jurisdictions the "P2" SYSTEM or "P3" SYSTEM must be performed by a physician or in locations that have physician oversight (i.e. medical spas) and are OSHA compliant.

PART 3

SAMPLE FORMS

Date_____

SAMPLE CONSULTATION FORM

PATIENT INFORMATION

The skin care professional is to review the below information with the patient.

Patient name: _____

Age: _____ Date of birth: _____

Street address, city, and state: _____

Patient phone: _____

Patient email: _____

Occupation: _____

Emergency contact name/relationship/phone number:

_____

Reasons the patient is requesting this chemical peel: _____

Has this patient previously received a chemical peel procedure? (Circle one): YES NO UNSURE

If yes, any prior problems with chemical peels? (Circle one): YES NO Date: _____

If yes, list the problems: _____

If patient had prior chemical peels, list name of chemical peel(s) if known (Circle any names of chemical peel(s) with which patient had problems): _____

Number of chemical peels planned in this series and approximate dates planned:

ONE (Date): _____ TWO (Date): _____ THREE (Date):_____

PATIENT CURRENT MEDICATIONS

Note that for acne patients and other patients, some antibiotics (such as Doxycycline, Vibramycin, Tetracycline, and others) can cause serious sun sensitivity and it is very important to list all medicines here and discuss them with your skin care professional.

_____

_____

KNOWN ALLERGIES to medication: _____

KNOWN ALLERGIES/SENSITIVITIES to prior skin care products or chemical peels: _____

OTHER MEDICAL ISSUES/CONCERNS

If the patient has a history of medical issues/concerns, check off or circle in the area below. List any others in the lines below.

☐ HEART ☐ CHOLESTEROL ☐ LUNG ☐ BRAIN (i.e., stroke, tumor, dementia, etc.)

☐ NERVES ☐ EMOTIONAL ☐ GASTROINTESTINAL TRACT ☐ CANCER

☐ IMMUNE SYSTEM (i.e., lupus, etc.) ☐ MUSCLE PROBLEMS (i.e., diseases, weakness, etc.)

☐ ENDOCRINE (i.e., thyroid, diabetes, etc.) ☐ JOINTS (i.e., osteoarthritis, rheumatoid arthritis, joint replacement, etc.)

☐ PRIOR/ACTIVE COLD SORES/HERPES IN TREATMENT AREA ☐ WARTS IN TREATMENT AREA

☐ SKIN PROBLEMS (i.e., acne, rosacea, melasma, hyperpigmentation, eczema, sensitive skin, large areas of facial scars, skin cancer, etc.)

_____

_____

_____

SKIN CARE PROFESSIONAL'S EVALUATION OF PATIENT'S SKIN

Include photos of patient's face from the front and both sides as well as photos of any other skin areas to be treated with the chemical peel.

Check any of the conditions seen below and further description such as severity, location, areas of skin involved, etc.

☐ AGING CHANGES ☐ PIGMENT IRREGULARITIES (i.e., melasma, age spots, etc.) ☐ SCARS

☐ ACTIVE ACNE ☐ LAXITY (i.e., sagging, jowls, etc.) ☐ INFLAMMATION / REDNESS

☐ OTHER _____

_____

ACNE GRADE (Circle one, if applicable): I II III IV

FITZPATRICK TYPE (Circle one): I II III IV V VI

GLOGAU CLASSIFICATION (Circle one): I II III IV

SKIN CONDITION LOOKS (Circle one): SAME AS AGE YOUNGER THAN AGE OLDER THAN AGE

ADDITIONAL TREATMENT AREAS. PLEASE DESCRIBE.

☐ NECK ☐ DÉCOLLETAGE ☐ HANDS ☐ OTHER

_____

_____

Does this patient appear to be able to understand and willing to follow post-care instructions? (Circle one):
YES NO

SAMPLE CONSENT FORM

Before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM, patients are responsible for informing their skin care professional about any topical and/or oral medications or health conditions that may affect this procedure. Patient must seek medical release clearance before any aesthetic or medical procedure is considered.

The following condition(s) will exclude patients from receiving a PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM procedure (*unless indicated otherwise):

- Pregnant or possibility of being pregnant
- Nursing/breastfeeding
- Active cold sores, Herpes Type I or II, or warts in the treatment area*
- Wounded, sunburned, excessively sensitive skin
- History of allergy or sensitivity to any of the ingredients in the PRODIGY PREP, PRODIGY PEEL, PRODIGY PEEL PRO and/or the PRODIGY BOOST solutions
- Allergy to aspirin or salicylates
- Allergy to idebenone
- Vitiligo
- History of autoimmune diseases including psoriasis, lupus, rheumatoid arthritis, dermatomyositis, multiple sclerosis, or any medical issues that may weaken the immune system
- History of any diseases of immune deficiency
- Inflammatory dermatitis conditions including rosacea, seborrheic dermatitis, systemic lupus erythematosus or dermatomyositis
- Hyperpigmentation related to the prior use of hydroquinone-containing products

BEFORE PROCEDURE

Forty-eight (48) hours before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM procedure, avoid the following:

- Neurotoxin treatments (i.e., Botox®, Xeomin®, Dysport®, etc.)

*If the patient has a history of facial cold sores/Herpes Type I or II, then prophylactic treatment with an appropriate antiviral (such as valcyclovir/Valtrex® or acyclovir/Zovirax®) should be obtained and the patient should begin taking this one (1) - two (2) days prior to the chemical peel in the doses recommended by their prescribing physician. This antiviral should be continued for seven (7) days following the chemical peel or per physician's instructions.

One (1) week before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM procedure, avoid the following:

- Electrolysis or laser hair removal
- Waxing
- Depilatory creams
- No skin products prepared in a 100 percent ethyl alcohol base such as a Cleocin® topical antibiotic in an alcohol solution
- Exfoliating products or facial treatments that have been irritating including dermaplaning and microdermabrasion
- Retinoids such as Retin-A® or Renova®

One (1) month before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM procedure, avoid the following:

- Chemical peels
- Microneedling
- Non-ablative resurfacing treatments
- Some ablative/invasive treatments (such as fractional laser, etc.) per the skin care professional's assessment

Six (6) months before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM procedure, avoid the following:

- Facial surgery

One (1) year before receiving the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM procedure, avoid the following:

- Accutane® (isotretinoin) use
- Chemotherapy or radiation therapy

Before receiving my PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM, I have been candid in revealing any condition(s) or concern(s) that may have a bearing on this procedure such as those listed above:

_____I authorize the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM (skin care professional to circle one) to be applied.

_____The chemical peel procedure has been explained to me by my skin care professional and all my questions answered.

_____I understand there will be some degree of discomfort including but not limited to stinging, prickling sensation, heat or tightness during and after the procedure.

_____I understand no medical claims, warranty or guarantees are expressed or implied with this cosmetic procedure. The exact results or benefits of the PRODIGY PEEL "P2" SYSTEM or the PRODIGY PEEL PRO "P3" SYSTEM cannot be guaranteed due to many factors.

_____I understand I may or may not see visible peeling, that everyone can and may respond differently to the procedure. The amount of or absence of peeling does not always relate to the level of improvement achieved.

_____ I agree not to pull the skin off any peeling areas or pick at any blemishes that may occur within two (2) weeks after the chemical peel as doing so may result in scarring.

_____I understand although complications are very rare, they do sometimes occur. In this event, prompt treatment or modified instructions for home care may be necessary. If I suspect any complications or have concerns, I will immediately contact my skin care professional, or who I am directed to contact by (insert business name) _____ for instructions.

_____I understand and agree direct or extended sun exposure without use of EXTREME PROTECT® SPF 30 or ECLIPSE SPF 50+ and/or use of a tanning bed is not advised at any time. Furthermore, during the four (4) weeks following the chemical peel, direct or extended sun exposure and/or use of a tanning bed is not allowed and daily use of EXTREME PROTECT SPF 30 or ECLIPSE SPF 50+ is mandatory.

_____I agree to follow my physician or skin care professional's recommended Home Care regimen provided to me after the chemical peel procedure to minimize possible side effects and maximize results.

Name (Please Print) _____ Date _____

Signature _____ Initials _____

Skin Care Professional (Please Print) _____ Date _____

Signature of Skin Care Professional _____

Signature of Witness _____ Date _____

Date _____

SAMPLE PROGRESS NOTES

PROCEDURE #1

PATIENT'S RESPONSE TO PEEL DURING THE PROCEDURE:

_____

PATIENT'S SKIN APPEARANCE UPON LEAVING YOUR OFFICE FOLLOWING PROCEDURE:

_____

_____

LIST THE SKIN CARE PRODUCTS THE PATIENT WILL USE FOR HOME CARE AFTER THIS PROCEDURE:

_____

_____

_____

**Photos should be taken of the patient before and following each procedure and kept in their chart.*

OTHER NOTES WITH DATES FOLLOWING PROCEDURE #1 (*including phone calls, office visits, how skin looked, your recommendations, etc.*):

_____

_____

_____

_____

_____

PROCEDURE #2

Date _____

PATIENT'S RESPONSE TO PEEL DURING THE PROCEDURE:

_____

PATIENT'S SKIN APPEARANCE UPON LEAVING YOUR OFFICE FOLLOWING PROCEDURE:

_____

_____

LIST THE SKIN CARE PRODUCTS THE PATIENT WILL USE FOR HOME CARE AFTER THIS PROCEDURE:

_____

_____

_____

**Photos should be taken of the patient before and following each procedure and kept in their chart.*

OTHER NOTES WITH DATES FOLLOWING PROCEDURE #2 (*including phone calls, office visits, how skin looked, your recommendations, etc.*):

_____

_____

_____

_____

_____

PROCEDURE #3

Date _____

PATIENT'S RESPONSE TO PEEL DURING THE PROCEDURE:

_____

PATIENT'S SKIN APPEARANCE UPON LEAVING YOUR OFFICE FOLLOWING PROCEDURE:

_____

_____

LIST THE SKIN CARE PRODUCTS THE PATIENT WILL USE FOR HOME CARE AFTER THIS PROCEDURE:

_____

_____

_____

**Photos should be taken of the patient before and following each procedure and kept in their chart.*

OTHER NOTES WITH DATES FOLLOWING PROCEDURE #3 (*including phone calls, office visits, how skin looked, your recommendations, etc.*):

_____

_____

_____

_____

_____

Date _____

ADDITIONAL NOTES

_____

_____

_____

IN CASE OF ACCIDENT

IN CASE OF ACCIDENT, SUCH AS GETTING PRODUCT IN EYES, NOSE, MOUTH - OR IF SEVERE SKIN IRRITATION/INFLAMMATION OCCURS, IMMEDIATELY FOLLOW THE DIRECTIONS BELOW:

Full Safety Data Sheet (SDS) information can be found by accessing the Marketing Library by logging into our partner portal on www.isclinical.com.

EYES

1. The patient should have been wearing protective eye goggles. If the product accidentally gets into the eye area then remove goggles.
2. Remove patient contacts and/or eye glasses.
3. Hold both the upper and lower eyelid open with two fingers. You may have the patient or an assistant do this (Hands and fingers must be clean).
4. Have the patient lay flat with eyes up and held open.
5. Slowly pour in – from three (3) to eight (8) inches above the eye – one (1) to two (2) gallons of clear, tepid tap water. It is essential that this volume of water be used even though the patient may be experiencing discomfort. Do not use eye drops as they are not effective. An industrial eye irrigation faucet and sink may be used to provide this irrigation if they are present in your office and, in this case, irrigate the eye for three (3) FULL minutes by the clock (timed).
6. Go to the nearest emergency room or urgent care for evaluation. As an alternative and ONLY if the patient is experiencing no discomfort or visual changes, you may call your state's 800 number for "Poison Control" for instructions.

NOSE

1. Have the patient GENTLY blow nose to remove any excess liquid.

1. If the patient is experiencing discomfort, go to the nearest emergency room or urgent care for evaluation. As an alternative, you may also call your state's 800 number for "Poison Control" for instructions.

1. If the patient is experiencing no discomfort, nothing else need be done at this point. If discomfort develops, the patient should seek physician consultation immediately.

MOUTH

1. Rinse the mouth twenty (20) times (count these) with tepid tap water and spit out. Do not swallow the chemical peel solution or the rinsing water.
2. If the patient has swallowed the chemical peel solution, do NOT induce vomiting or give any substance to induce vomiting. You may give ¼ to ½ cup of milk to drink.
3. If the patient is experiencing discomfort, go to the nearest emergency room or urgent care or call your state's 800 number for "Poison Control" for instructions.
4. If no discomfort is felt by the patient, nothing else need be done. If the patient develops mouth discomfort, vomiting, or diarrhea then the patient should seek physician consultation immediately.

SEVERE SKIN IRRITATION/PAIN/INFLAMMATION

1. Skin irritation/pain/inflammation from the PRODIGY PEEL "P2" SYSTEM or PRODIGY PEEL PRO "P3" SYSTEM should never be severe. If during the chemical peel, the patient develops severe skin irritation, pain, and/or inflammation/redness then stop the procedure immediately.
2. Have the patient continue to wear the protective eye goggles.
3. Rinse the entire face repeatedly with cool tap water. At least two (2) to three (3) gallons of water should be used for rinsing.
4. Place nothing else on the patient's skin.
5. Notify physician immediately!

FOR A MEDICAL EMERGENCY NOT RELATED TO THE CHEMICAL PEEL

If you suspect the patient has a medical emergency not related to the chemical peel – such as possible heart attack, stroke, or other another emergency – call 9-1-1 IMMEDIATELY. The patient should NOT drive themselves or have someone else drive them to the emergency department as this could put them at greater risk.

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