

Chemical Peel Consent Form

- o do not use prescriptive topicals, abrasive scrubs or stronger exfoliants 3-5 days pre and post treatments.
- o no prolonged sun exposure 2 weeks prior to or 2 weeks post treatments.
- o sun protection of at least SPF 15 will be worn whenever outdoors and re-applied frequently.
- o I am currently not taking or using any medications that are contraindicated to receiving a chemical peel.
i.e. ACCUTANE

Informed Consent

Superficial chemical peels are topical exfoliants applied to the skin to soften the dead skin layer and exfoliate the skin. Stimulating cell turnover will help to restore the skin to a more youthful appearance. Many skin conditions can be improved when receiving a series of peels. Fine lines will be softened, dull skin will appear more radiant, rough or uneven skin will become smoother. Sun damaged skin or blotchy skin will even out. Acne scarring may be softened. Because these peels are superficial there is no downtime.

I understand that anytime the skin barrier is compromised, there is a small risk of infection. I will contact my beauty therapist immediately should this happen.

I understand that following the treatment my skin may appear red and feel like it has a slight sunburn.

Possible side effects include and are not limited to: slight or extreme redness, swelling, stinging, itchy, tenderness, dry or flaking skin. I UNDERSTAND THAT I AM NOT TO PICK THE FLAKING SKIN AS THIS COULD CAUSE UNWANTED PIGMENTATION. Most side effects will gradually diminish over time as healing may take several days or longer.

The chemical peel treatment has been fully explained and any questions or concerns that I have, have been addressed.

I acknowledge that no guarantee has been given to me as to the condition of the complexion, skin pore size, wrinkles or the percentage of improvement expected following treatment, due to each individual's unique reactions.

I understand that no specific results are guaranteed.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND THEREBY CONSENT AND AGREE TO THE TREATMENT WITH ITS ASSOCIATED RISK. I HEREBY CONSENT TO RECEIVE A CHEMICAL PEEL.

Patient's Signature: _____ Date: _____

Witness' Signature: _____