

# CHEMICAL PEEL CONSENT FORM

Read this consent form thoroughly and initial each section. Discuss any questions with your skin care professional before you initial. Your signature and date at the bottom constitutes giving your consent to have a peel treatment.

\_\_\_\_\_ Cost of per treatment \$ \_\_\_\_\_, or a series of \_\_\_\_\_ at \$ \_\_\_\_\_.

I have completed the client medical form accurately .

I understand that there are no guaranteed results from this treatment. Many variables such as age, sun damage, on going sun exposure, smoking, excessive alcohol intake, climate, diet, water intake, skin thickness and sensitivity. I understand that I may or may not peel and that each case is individual.

I have been candid in revealing any condition that could prohibit this treatment such as cold sores, pregnancy, and use of hormones (birth control or HRT), recent facial surgery or laser resurfacing, recent use of **RetinA** or use of **Accutane** within the last 6 months. Any immune system diseases including but not limited to Lupus, HIV, or any and all auto immune diseases.

Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the peel and accept sole responsibility for any medical care that may become necessary. I will immediately notify the Doctor, Nurse or Esthetician performing the treatment of any adverse reactions.

I will not scratch, pick, pull at or abrade the treated skin.

I understand that direct sun exposure and use of a tanning booth is prohibited during this treatment time (14 days post peel), and that there is a mandatory use of a minimum SPF 15 sun protection daily.

I have not received any other peels or exfoliation treatments of any kind within 14 days of this treatment.

I understand that to achieve maximum results the recommended home care routine must be followed. I understand that if I alter the routine or use products not recommended by the skin care professional the results could be altered or inhibited. I also understand that it may take several treatments to obtain the desired results.

I understand that the following side effects or complications can occur:

1. Discomfort
2. Redness and swelling
3. Hypopigmentation
4. Itching or irritation
5. Skin peeling or flaking up to 14 days after the procedure
6. Infection
7. Scarring
8. Hyperpigmentation
9. Acne Breakouts

I understand the goals of the treatment as well as the limitations and possible complications.

The technician has provided the information and has answered all my questions concerning this procedure. I clearly understand the above information.

Physician/Nurse/Esthetician \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_