

Chemical Peel and/or Microdermabrasion Consent Form

The Chemical Peel procedure has been thoroughly explained. I realize that no promises or guarantees have been made. I understand that the treatment may be repeated several times to achieve complete satisfaction. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Chemical Peel treatment(s).

An acid solution is used to peel away the skin's damaged outer layers. The new cells and collagen are stimulated during the healing process to produce a smoother, tighter, younger-looking skin surface. A peel does not eliminate sagging or excess skin. Each treatment is customized for patient skin type, specific problem areas and the delicate areas of the face. The depth of the peel is dependent on the concentration and type of acid, the duration of contact, and a person's skin type and sensitivity.

I have stated that:

- I am not expectant or nursing mother.
- I did not use prescriptive topicals (Retin-A), abrasive scrubs or strong exfoliants 3-5 days before and post treatments.
- no prolonged sun exposure 2 weeks prior to or 2 weeks post treatments.
- I will be using sun protection of at least SPF 30 whenever outdoors and re-apply frequently.
- I am currently not taking or using any medications that are contraindicated to receiving a chemical peel. i.e. ACCUTANE , antibiotics
- I do not have sunburn open wounds extremely dry chapped irritated or broken skin on day of the treatment.
- I did not have chemotherapy within 6 months of receiving the treatment.
- I did not have a facial waxing within 5 days of receiving the treatment.
- I did not have a microdermabrasion microderm infusion within 14 Days of receiving the treatment.
- I did not have a chemical peel within 4 weeks of a chemical peel treatment.
- I did not have Botox, injectables, dermal fillers within 7 days of a chemical peel treatment.
- I did not have any IPL, photofacials within 4 weeks of receiving a treatment.
- I did not have laser treatment/facials cosmetic surgery within 6 months of receiving the treatment.
- I did not have extended Direct sun exposure within 5 days of receiving the treatment.
- I did not have a tan in tanning beds or Outdoors within 14 days of receiving the treatment.
- I will not do any vigorous aerobic activity on the day of receiving the treatment.

Informed Consent

Superficial 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 the 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 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. Several treatments may be necessary to achieve results. Individual results may vary.

Post-Procedure skin care is necessary to attempt to minimize effects and maximise results.

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: _____ Therapist Signature: _____ Date: _____