



David A. Charles, M.D. PC

AGELESS ADVANATGES

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CHEMICAL PEEL INFORMED CONSENT

A chemical peel can be used to diminish the appearance of fine lines and wrinkles, improve texture/tone, reduce pore size, increase hydration and moisture retention, give skin a smoother appearance and diminish the appearance of hyperpigmentation. Layers of product are applied based on your unique skin composition and needs. Multiple treatments are required in order to obtain optimal results spaced 2-6 weeks apart. Due to variables such as age, condition of your skin, sun damage, smoking, skin care products, climate, lifestyle, and general health, you acknowledge that there are no guarantees, warranties or assurances that you will be satisfied with your results.

Please verify by initialing each statement below. Your initials confirm that you understand the contradictions, risks and complications that may occur throughout and/or post treatment.

CONTRADICTIONS

- _____ Pregnant or Lactating
- _____ Herpes Simplex (cold sore/fever blisters). An anti-viral medication may be necessary.
- _____ Extensive sun or tanning three days prior and three days post treatment.
- _____ Accutane in the past six month to one year.
- _____ Topical retinol products in the past two weeks.
- _____ Waxing of area to be treated in the past seven days.
- _____ Any other chemical peel within 14 days of the treatment.
- _____ Skin must be healthy and intact.
- _____ An allergy to aspirin.

I AM AWARE OF THE FOLLOWING RISKS/COMPLICATIONS THAT MAY OCCUR

- _____ Mild to moderate discomfort or pain.
- _____ Slight redness or swelling
- _____ Sun sensitivity
- _____ Skin sensitivity
- _____ Pigment changes and/or scarring
- _____ Allergic reaction
- _____ Bacterial infection

I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize David A Charles, MD to perform one or more chemical peels on me. I certify that I have read this entire informed consent and I understand and agree to the information provided in the form. My questions regarding the procedure have been answered satisfactorily. I hereby release David A Charles and Ageless Advantages from all liabilities associated with this procedure. This consent is valid for all my chemical peel treatments in the future as well.

Patient Name

Date

Patient Signature

Doctors Statement

I have explained the nature of the above procedure including instructions and risks. I believe that the patient understands the terms/conditions.

David A. Charles

Doctors Signature

Date

Witness Name

Date

Witness Signature