

# Chemical Peel Consent Form

A Chemical Peel SHOULD NOT be used on patients with active cold sores, warts, and skin with open wounds, sunburn, excessively sensitive skin, dermatitis or inflammatory rosacea in the area to be treated. Inform your medical professional if you have any history of herpes simplex. Also, you should not have a Chemical Peel if you have a history of allergies, rashes, other skin reactions, or may be sensitive to any of the components of this treatment. A Chemical Peel should not be performed on patients with an allergy to salicylates (i.e., aspirin). A chemical peel is not recommended if you have taken Accutane within the past year or have received chemotherapy or radiation therapy. Chemical Peel should not be administered to pregnant or breastfeeding (lactating) women.

## **Informed Consent:**

Superficial chemical peels are topical exfoliates that are 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 dull and the 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 consult 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.

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