



CONSENT TO CHEMICAL PEEL TREATMENT

PATIENT: _____ DOB: _____

EFC Medspa professional peel treatments provide an excellent solution for overall skin rejuvenation and can improve the appearance of fine lines and wrinkles, acne, acne scarring, photo-damage, and hyperpigmentation. I understand that individual results will vary and multiple peel treatments may be necessary to achieve maximum results. A guarantee cannot be made about the degree of improvement.

- I have been advised that my peel treatment can consist of any of the following: glycolic acid, mandelic acid, salicylic acid, lactic acid, citric acid, resorcinol or retinol, and I have no known allergies to any of these ingredients.
- I have discussed any pre-existing medical conditions and associated treatment contraindications with my physician.
- I have been informed of the treatment contraindications and possible complications by my skin care therapist and/or physician. I have been given the opportunity to discuss any additional concerns and questions and my questions have been answered to my satisfaction.

- To the best of my knowledge I am not:

<ul style="list-style-type: none">• Prone to cold sores/fever blisters	<ul style="list-style-type: none">• Allergic to aspirin
<ul style="list-style-type: none">• Taking or have taken Accutane in the past 12 months	<ul style="list-style-type: none">• Currently pregnant or breastfeeding

- In the past week I have not received any of the following treatments:

<ul style="list-style-type: none">• Chemical peel/skin treatment	<ul style="list-style-type: none">• Laser hair removal
<ul style="list-style-type: none">• Depilatory creams/waxing	<ul style="list-style-type: none">• Electrolysis

- I will take extra precautions to avoid sun exposure after my treatment and wear sun protection.
- I understand skin peeling can occur, however, lack of peeling is not an indication that the treatment was unsuccessful. If skin peeling occurs, I am not to pick the peeling skin as this can lead to scarring or infection.

By signing below, I acknowledge that I have read this EFC Medspa Professional Treatment Peel Consent Form. I have fully disclosed all necessary information when filling out initial paperwork and will inform my skin care therapist or physician of any changes. I understand and will follow all pre/post treatment recommendations, including, but not limited to use of skin care products as home care to enhance results and minimize side effects, such as daily application and reapplication as needed of a broad spectrum SPF 30+. I have been adequately informed of the risks and benefits and would like to proceed with the EFC Medspa professional peel treatment. I acknowledge that EFC Medspa, its owner, and/or its employees cannot be held liable for any reaction from a peel treatment performed at the medspa.

Patient Name

Patient Signature

Date