

# Humber Bay Shores

## Beauty & Spa

### CHEMICAL PEEL CONSENT

Chemical peel is a skin resurfacing procedure in which a chemical solution is applied to the skin to remove the Top layers. The skin that grows back after a chemical peel is smoother and younger looking. Chemical peel is a treatment using device natures of acids to achieve varying levels of exfoliation on the skin. Chemical peels can be done at different depths - hyphen light, medium or deep - depending on your desired results. Each type of chemical peel uses a different chemical solution. Deeper chemical peels produce more drastic results, but also involved longer recovery times. Chemical peels have a moderate heating tingling sensation for short duration of time that can be neutralised if the discomfort level becomes intolerable. Chemical peel can be done alone or in combination with other cosmetic procedures. Combining microdermabrasion and chemical peel increases the penetration of your peel and refinement of your skin. Active acne patients are recommended to return every 10 to 14 days for a series of 4-6 salicylic peels. Anti-aging, pigmentation and hydration peel patients should return every 2 or 3 weeks as instructed by your aesthetician.

#### Contraindications

- electrolysis, bleaching or depilatory creams, hair colouring or waxing use within 2 weeks
- pregnancy, trying or breastfeeding
- sunburn
- open wounds, infected areas
- undergoing chemotherapy, radiation or skin cancer
- avoid shaving on the day of treatment
- active infection of any type, such as herpes simplex virus or flat warts, cold sores - may cause outbreak
- cosmetic injections within 3 weeks or facial surgery within 8 weeks
- use of Accutane within the last year
- recent use of retinols and retinoids of any recent topical medications (3-7 days)
- uncontrolled diabetes, high blood pressure or heart disease
- deficient immune system or tendency of keloid scarring
- severe eczema, dermatitis, rosacea
- severe acne that requires a use of antibiotics
- family history of hypertrophic scarring or keloid formation
- laser treatment within 3 weeks
- stop using exfoliating cream and masks approximately 3 days prior to treatment

#### Indications for Chemical Peel

- fine lines and wrinkles
- discoloration, hyperpigmentation, age spots and brown spots, melasma
- enlarged pores and black heads, comedones, excessive oil production
- acne scars, frequent and severe acne

- dehydrated or dull looking skin complexion, or uneven skin tone and texture
- sun damage

#### Common Side Effects

- erythema or redness
- edema or swelling
- temporary bruising in the lower eyelid areas
- hypo or hyper pigmentation
- mild to severe dryness
- infection, pain, bleeding
- drug reaction

#### Post Treatment Instructions

- Patients may have tightness and smoothness immediately post peel
- Peeling usually begins 1 to 2 days after peel and can extend up to 7 days
- Transient hyperpigmentation and superficial crusting is possible in areas of inflamed acne
- Skin type III may experience darkening after peeling due to increased shedding of the outer layers
- Minor side effects may include but are not limited to superficial crusting
- Avoid sun exposure. It's extremely important to protect your skin with the sunscreen. Your skin can be more sensitive to the sun in a few weeks after the treatment.
- Tanning creams may cause breakouts
- Keep your skin hydrated and use of gentle skin care products
- Avoid using topical acne medications for at least 1 day after treatment

I, (please print name) \_\_\_\_\_, acknowledge that I am receiving a chemical peel from Humber Bay Shores Beauty & Spa .

I understand that due to my unique skin composition, there are no guarantees, warranties, or assurances that I will be 100% satisfied with my results .

Prior to receiving treatment, I have been candid in revealing any conditions or habits that may have bearing on this procedure including, but not limited to, medical history, past or future tanning or sun exposure, medications, supplements, skin care regimen, etc. .

I understand that clinical results may vary depending on individual factors including, but not limited to come a medical history, skin type, at home skin care regimen, patient compliance with pre impost care instructions and individual response to treatment as well as strict sun avoidance .

All my questions have been answered to my satisfaction, before and after the treatment protocols had been discussed with me and the adherence to protocols is necessary for optimal treatment results and to avoid undesirable effects after treatment .

I agree to have my photographs when necessary taken to document my condition and to track my progress .

I was explained the nature of my condition, the nature of the procedure, its risks and complications come up alternative treatments and the benefits to be reasonably expected .

I have been given the opportunity to ask any questions .

This document is a written confirmation of these discussions .

I am aware not to bring children under the age of 12 or pets to my appointments. I agree to pay for the treatment. I understand that I have the right to refuse or stop treatment at anytime. No refunds will be provided once payment is made including an even if I am dissatisfied with the result of my treatments .

All treatments, treatment packages and products purchased are final sale and non-refundable .

However, packages may be transferred to family or exchangeable for other regular price services .

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. By signing below, I acknowledge answer if I that I have read and understand the consent release and indemnity agreement with Humber Bay Shores Beauty & Spa, its principles, employees and agents from any claims which might arise in relation to any allergic reaction and or any other potential liability in context to the treatments received, I accept any such liability and signing it voluntarily .

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

Humber Bay Shores Beauty & Spa

Advanced Medi-Spa Therapist: \_\_\_\_\_ Date: \_\_\_\_\_