



Chemical Peel Consent Form

Please initial after reading each statement.

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, such as pregnancy, recent facial surgery, allergies, tendency to cold sores/fever blisters, or use of topical and or oral medications such as Tretinoin, Retin-A, Isotretinoin, Accutane, Differin, Tazorac, Avage, EpiDuo or Ziana. _____

I understand there may be some degree of discomfort such as stinging, pin-pricking sensation, heat, or tightness. _____

I understand there are no guarantees to the results of this treatment, due to many variables, such as: age, condition of the skin, sun damage, smoking, climate, etc. _____

I understand I may or may not actually peel and that each case is individual. I understand that the amount of peeling does not correlate with degree of improvement. _____

I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied. _____

I understand that to achieve maximum results, I may need more than one treatment. _____

I understand that, although complications are uncommon, sometimes they may occur and prompt treatment is necessary. In the event of any complications, I will immediately contact the physician/esthetician who performed the treatment. _____

I agree to refrain from tanning in a tanning bed or outdoors while I am undergoing treatment, and during the 14 days prior to and following the end of treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging. _____

I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of sunscreen protection with minimum SPF of 30 is mandatory. _____

I have not had any other chemical peel of any kind within 14 days of this treatment. I understand I cannot have another chemical peel within 14 days of this treatment, whether it is performed at this office or any other location. _____

I understand that I should follow my esthetician's recommendations for post-procedure skin care to minimize side effects and maximize results. _____

I hereby agree to all of the above and agree to have this treatment performed.

I further agree to follow all post-peel care instructions as I am directed.

Patient Signature _____

Date _____

Signature of Esthetician _____

Date _____