

## Peel Consent Form

You have the right to be informed about your chemical peel skin treatment and its effects.

A chemical peel is not a cure for any skin condition. However, for certain conditions, these peels can provide marked improvement in the appearance of the skin. Peels are designed to stimulate the skin, to help generate new cells, to produce collagen and to increase the blood flow. It is important that you have a thorough understanding of what a chemical peel can do for your particular skin condition. It is imperative that you acknowledge the potential issues associated with each of these peels.

*(Initial to acknowledge each line)*

\_\_\_\_\_ I acknowledge that I have not been on Accutane (acne medication) within the past six months.

\_\_\_\_\_ I acknowledge that I have not been using Retin-A® or any other form of Retinoic Acid for the past four weeks.

\_\_\_\_\_ Although chemical peeling can lighten hyperpigmented skin, I acknowledge that there is NO GUARANTEE that dark discoloration of the skin will be reduced or faded. My face may temporarily develop uneven color, especially if I have uneven color before the peel.

\_\_\_\_\_ I acknowledge that during the application my skin may tingle, sting, or feel warm.

\_\_\_\_\_ I acknowledge that immediately after the peel, my face may appear frosted or sunburned, and by day two, the skin may darken in color, feel tighter and be more sensitive. Days two through approximately seven my skin may slough. I acknowledge that pulling or picking skin may lead to infection or scarring.

\_\_\_\_\_ I may experience some breakouts after the peel (for a period up to seven days) that normally disappear. Chemical peels make extractions of the comedones easier and the acne will ultimately improve if I continue treatment as directed by my skin care specialist.

\_\_\_\_\_ I am aware and acknowledge that there is a possibility of an allergic reaction. I have discussed thoroughly with my skin care specialist any such reactions and understand the care that would be necessary in the event of a reaction. I have had a chemical peel patch test done.

\_\_\_\_\_ I acknowledge that if I fail to use a sun block after the peel, hyperpigmentation can result, and my skin is more susceptible to sunburn.

\_\_\_\_\_ I acknowledge that if I am prone to cold sores around the mouth, I will inform my skin care specialist and may need to use an anti-viral medication before the peeling treatment. (Peels may exacerbate the herpes virus.)

*I have answered the Skin History Questionnaire to the best of my ability. My skin care specialist has answered any and all questions regarding my peel process, pre- and post-care. I certify that I have read and understand ALL of the above unpredictable and unforeseen results that may occur by administration of a chemical peel.*

Client's Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_