

## Informed Consent for Chemical Peels

I, \_\_\_\_\_ give my consent for a chemical peel to be performed by \_\_\_\_\_.

Please read and initial each of the statements below:

\_\_\_\_\_ I certify I am over the age of 18.

\_\_\_\_\_ I have voluntarily elected to receive a chemical peel after the nature and purpose of this treatment has been explained to me.

\_\_\_\_\_ I understand that a chemical peel can be used to diminish the appearance of fine lines and wrinkles, improve texture/tone, reduce pore size, increase hydration and moisture retention, give skin a smoother appearance and diminish the appearance of hyperpigmentation.

\_\_\_\_\_ I understand that the following conditions preclude me from having this treatment at this time and verify that none of the following conditions apply to me at this time:

- Pregnancy/Lactating
- Herpes Simplex (cold sores or fever blisters)
- Extensive sun or tanning 3 days prior and 3 days post treatment
- Accutane in the past 6 months to 1 year
- Topical retinol products in the past 2 weeks
- Waxing the area to be treated in the past 7 days
- Any other chemical peel within 14 days of the treatment
- Unhealthy or broken skin
- An allergy to aspirin

\_\_\_\_\_ I understand that multiple treatments are required in order to obtain optimal results spaced 2-6 weeks apart.

\_\_\_\_\_ I recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is a possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

\_\_\_\_\_ I understand and acknowledge that there are risks involved with the treatment I will be receiving including, but not limited to:

- Mild to moderate discomfort or pain
- Slight redness or swelling
- Sun sensitivity
- Skin sensitivity
- Pigment changes
- Scarring
- Allergic reaction
- Bacterial infection

\_\_\_\_\_ I have been informed of possible benefits, risks, and complications, and I have had the opportunity to ask questions regarding these risks and other possible complications.

\_\_\_\_\_ I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment of suggested home product/post-treatment care, I will consult the esthetician immediately.

\_\_\_\_\_ I have, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages which might occur to me while I am undergoing this procedure. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Name Printed

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Esthetician Name Printed

Signature

Date

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