Chemical Peel Consent Form

Please initial the following:

______ I understand that a “superficial chemical peel” may be useful in improving the appearance of the skin, may reduce the appearance of fine lines and wrinkles and diminish pigmentary irregularities.

______ I am undergoing this peel in an effort to improve my skin texture and color. I understand that the results of this treatment vary according to age, condition of skin, sun damage, smoking and climate. I may achieve some improvement in my fine wrinkles as well, but no guarantee has been made to me regarding my level of improvement from this peel.

______ I have received Chemical Peels Care Sheet as to how to care for my skin prior to and following this procedure and agree to abide by them. I understand that proper sun protection including, but not limited to, the faithful use of broad spectrum UVA-UVB sun block with a minimum of SPF 45 is vital to proper after care and the reduction of risks of undesired side effects.

______ I understand that there is a small risk of developing: temporary or permanent pigment (color) change in the skin, reactivation of “cold sores” (herpes infections) in patients with a prior history of herpes, flare of acne-like lesions and slight possibility of scarring and/or infection. I understand I should not “pick” at any scabbing that may result, to minimize the potential of scarring or infection.

______ I understand that there is a possibility that this procedure may be unsuccessful and generally require additional treatments to achieve optimal results.

______ Chemical peels may cause, at most, 1 or 2 days of mild redness with areas of flaking or peeling skin. On rare occasions this peel can penetrate deeper in certain areas.

______ I am NOT: allergic to salicylates (i.e. aspirin), Pregnant or lactating.

______ I agree to having photographs taken of my skin for use either in teaching or to evaluate treatment effectiveness. NO photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

______ By my signature below, I acknowledge that I read “Chemical Peels Consent Form” and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks, benefits and alternatives to this treatment and wish to proceed with the Chemical Peel.

_______________________________  ___________________
Clients Signature          Date

_________________________________________________________________________________
Clients Name (Please Print)

Continued on next page
Last Name:_________________________________ First Name:________________________
Address:_____________________________________________________________________
City:_____________________________________ State:______    Zip Code:_______________
Date of Birth:_______________________________  Sex: □ Female □ Male
Telephone: (Home)___________________ (Work)___________________(Cell)__________________
Family Doctor:______________________________ Phone:____________________________
Pharmacy:_________________________________ Phone:____________________________
Emergency Contact:___________________________ Phone:____________________________

Please answer all of the following questions

1. Do you have ANY current or chronic medical illness? □ Yes □ No
   If yes, please list _________________________________________________________________

2. Are you currently under a doctor's care? □ Yes □ No
   If yes, why?  ___ _________________________________________________________________

3. Do you take/use ANY medication, herbal or natural supplements or topicals on a regular or daily basis? □ Yes □ No
   If yes, please list _________________________________________________________________

4. Do you have ANY allergies to medications, foods, latex or other substances? □ Yes □ No
   If yes, please list _________________________________________________________________

Medical History

5. (For women) are you or could you be pregnant? □ Yes □ No

6. (For women) are menstrual periods regular? □ Yes □ No

7. Do you have a history of herpes I or II in the area to be treated? □ Yes □ No

8. Do you have a history of keloid scarring? □ Yes □ No

9. Have you taken isotretinoin or anticoagulants in the last 6 months? □ Yes □ No

10. Do you have any permanent make-up implants or tattoos? □ Yes □ No
     If yes, please list locations __________________________________________________________

11. Have you had any unprotected sun exposure, used tanning creams of tanning beds in the last 4-6 weeks? □ Yes □ No

12. Which body area/areas or condition would you like treated?
     _______________________________________________________________________________
     _______________________________________________________________________________

Signature:____________________________________________    Date:________________________
## Chemical Peel Progress and Procedure Notes

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<th>Date</th>
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<th>Area Treated</th>
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**Notes:**

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