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Chemical Peel Treatment CONSENT FORM

Please read and initial each statement.

I have read the **Chemical Peel Information and After Care Instructions** and have had an opportunity to ask questions about the treatment and I am satisfied with the answers.

I authorize the physician, nurse or medical esthetician to do chemical peels on me.

The cost of treatment has been discussed with me and I agree to pay this amount.

I understand:

- the goal of chemo-exfoliation with chemical peels is the gradual improvement of skin tone and texture. Every individual is unique and it is very difficult to guarantee the specific number of treatments needed. Results vary with the individual depending on skin colour, degree of sun damage or skin condition being treated. It is expected that repeat treatments every 2 to 8 weeks will produce the best results.
- expected side effects such as a ***sunburn-like sensation, prickling or stinging, redness and swelling*** of the treated lesions and surrounding skin may occur. These side effects usually subside significantly within the first week and resolves within 2 to 4 weeks. Rarely, ***blistering, infection and scarring*** may occur whenever a skin procedure is performed. ***Pigment changes*** of freckles, moles or skin such as ***hypopigmentation (lightening)*** or ***hyperpigmentation (darkening)*** usually resolves in 3 to 6 months but can be permanent. There may be risks not yet known at this time.
- side effects are worsened by sun exposure. Use of a good quality SPF daily is very important and highly recommended.
- there are other options for treatment including not having the treatment.
- there may be an increased occurrence of side effects if I do not follow the ***Chemical Peel Information and After Care Instruction Sheet***

- if I feel significant discomfort to make my clinician aware of this situation. _____
- chemical peel treatments are **not recommended** if you are pregnant or breastfeeding, if you have an active infection at the site, if you are taking photosensitizing agents such as mentioned in the *Chemical Peel Information and After Care Sheet* or have an unwillingness to wear SPF products. None of these conditions apply to me or if they do I realize I am at increased risk of side effects or complications. I will inform the nurse or physician if my medical condition changes over the course of treatment. _____
- the risk of side effects increases with immunocompromised states (diabetes, HIV, smoking, being on immune suppressants such as prednisone) that can be associated with poor skin healing and increased risk of infection. The risk of side effects also increases when treating darker skin tone, those who have had keloid scarring and hyperpigmentation. None of these conditions apply to me or if they do I realize I am at increased risk of complications. _____
- every person is unique and although good results are expected, it is impossible to guarantee. The focus of treatment is on improvement and not perfection. _____
- I should call the clinic if I have any questions about my treatment. _____

I authorize the taking of clinical photographs for:

- my clinic record _____
- research and education (discretion applied) _____
- publication _____
- the U Cosmetic website (discretion applied) _____
- the U Cosmetic Brag Book kept in the clinic (discretion applied) _____

I have read and understand this **Chemical Peel Treatment Consent Form**. My questions have been answered satisfactorily by the doctor or nurse. I accept the risks and complications of the procedure.

Patient name (please print) Date Signature

Witness name (please print) Date Signature

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