

# Skin Care by Marlene

## CLIENT CONSENT FOR CHEMICAL PEEL

Client Name: \_\_\_\_\_

Type of peel: \_\_\_\_\_

Date: \_\_\_\_\_

I know that the practice of medicine and surgery is not an exact science; therefore reputable practitioners cannot properly guarantee the quality of the results or freedom from complications. I acknowledge that the nature and effects of this procedure, risks involved, as well as alternative methods of treatment have been explained to me to my satisfaction.

I have and will discontinue the use of:

1. Collagen injections, waxing, electrolysis, and depilatories during the treatment period and for seven days after their conclusion.
2. Accutane four weeks prior to the treatments and during the treatment period.
3. All Retinol products, glycolic and all AHA's for seven days prior to the treatment and will not use for seven days after the treatment.

By signing this consent, I acknowledge that I understand the following facts about chemical peeling:

1. There is no guarantee that the results will be satisfactory to me.
2. There is some discomfort associated with these procedures.
3. Multiple procedures may be necessary to achieve the desired results, especially with "light" chemical peels consisting only of Jessner's solutions, glycolic acid or salicylic acids.
4. There is a risk of complication such as, but not limited to, any of the following: edema (swelling), hyperpigmentation (increased pigmentation) or hypopigmentation (decreased pigmentation) that can be blotchy, persistent redness, infection, allergic reaction, and scarring (very rare).
5. Sun exposure, sun tanning, or tanning beds will increase the possibility of redness, swelling, and hyper- or hypopigmentation.
6. Photograph of the treated areas before, during, and after treatment may be taken and held in the medical record. Photographs may be used or published for educational or promotional purposes using standard practices to protect patient privacy.

### Post Peel Instructions:

- No suntan beds to be used for 2 weeks post treatment.
- Sunscreen of at least SPF 25 to be applied and re-applied during sun exposure.
- Treated area to be kept clean and well moisturized with home care products.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND THEREBY CONSENT AND AGREE TO THE TREATMENT WITH ITS ASSOCIATED RISKS. I HEREBY GIVE CONSENT TO PERFORM CHEMICAL PEEL TREATMENTS.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Aesthetician Signature: \_\_\_\_\_ Date: \_\_\_\_\_