



CHEMICAL PEEL

Consents

CHEMICAL PEEL INFORMED CONSENTS:

Chemical peels are intended to remove surface layers of skin to improve the skin's vitality. However, patients may or may not actually peel, and, as each case is individual, the amount of peeling does not correlate with the degree of improvement. Follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months. Results of this treatment can be affected by many variables, such as age, the condition of the skin, sun damage, smoking, climate, etc.

Contraindications

There are a few contraindications for this procedure, and patients with several conditions may not be good candidates; inform your provider if you have had any of the following conditions:

- Pregnancy (if so, consult your physician prior to treatment);
- Recent facial surgery;
- Allergies;
- A tendency to develop cold sores or fever blisters; or
- Use of topical and/or oral prescription medications, such as:
 - Tretinoin;
 - Retin- A;
 - Accutane;
 - Differin;
 - Tazorac;
 - Avage;
 - EpiDuo; or
 - Ziana.

Risks and possible side-effects

Medical-strength peels, despite their high levels of efficacy and safety, are not free of side effects. There may be some degree of discomfort, such as stinging, a pin-prickling sensation, heat or tightness following the treatment. Erythema (redness) and edema (swelling) of the treated area can occur; it usually subsides within a few hours, but it can last up to seven days or longer. Irritation, itching and/or a mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment. Complications can include whiteheads, cold sores, infection, scarring, numbness and permanent discoloration, particularly in people with dark skin.

Pigmentary changes, such as hyperpigmentation and hypopigmentation of the skin in the treated areas, can occasionally occur. This is normally transient, lasting up to six months, but in rare cases, it can be permanent. These pigmentary changes may occur despite appropriate protection from the sun, so it is important to use sunscreen of SPF 30 or greater when exposed to the sun. Tanning beds and prolonged exposure should be avoided prior to treatment and until the skin has fully healed.

I acknowledge that while good results are expected, I may be disappointed with the results of the procedure. I understand there is no guarantee of results from any treatment. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes. I agree to follow the pre- and post-treatment instructions carefully. I understand that compliance with the recommended pre- and post-procedure guidelines is crucial for healing and reducing the risk of complications.

I am aware that follow-up treatments may be necessary for desired results. Clinical results will vary per patient. There may be other treatment options that achieve similar results, and I have discussed these. With this in mind, I am choosing this non-invasive treatment using chemical peels. The nature, risks and purpose of the treatment have been explained to me, and all my questions have been answered to my satisfaction. I, therefore, consent to this treatment.

Printed Name:_____

Signature:_____ Date:_____