

## Consent for Chemical Peel

IT MUST BE UNDERSTOOD THAT PEELS APPLIED TO THE SKIN ARE EXPECTED TO MAKE THE SKIN FEEL UNCOMFORTABLE WHILE BEING APPLIED. The expected reactions are irritation, stinging, burning, itching, drying, and loose skin and may create sporadic scabs. These reactions are normal. These observable reactions last for the duration of the treatment and during the healing phases. Avoid picking at the scabs, the sun, and aggressive home products until the healing is over. YOU MUST ALWAYS BE CAUTIOUS OF THE SUN; YOUR SKIN WILL BECOME SUN SENSITIVE. Follow the recommended instructions provided by the clinician. Women during menses sometimes are more sensitive to the expected reactions of a peel.

An allergic reaction is rare, but can happen. We recommend you stop all use of aggressive products and contact the center. We will ask you to come in and let us evaluate your reactions. A COLD COMPRESS SHOULD BE APPLIED IMMEDIATELY AND OTC-HYDROCORTISONE CAN BE APPLIED TO THE AFFECTED AREA. Symptoms usually disappear within a few days. If you have a concerns please call us.

I give permission to the clinician to perform the discussed clinical skin care management involving Peels. I understand she will take every precaution to minimize or eliminate negative reactions such as infection, burns, scars, or allergic reactions as medically possible.

I have given an accurate account of medications and I am not presently:

- Using Accutane, Retin-a, or tranquilizers
- I am not presently pregnant
- I do not have diabetes, keloids or herpes blisters
- Using Acyclovir
- Have any other existing condition that may interfere with positive outcome of clinical management

I agreed that I am willing to follow recommendations for home care that can minimize or eliminate possible negative reactions including recognizing the importance of adhering to a sunscreen, avoiding the sun, sun tanning booths, and extreme weather conditions. I agree to use moisturizer products specifically recommended for peels.

I acknowledge that I have been informed of the possible negative reactions (intense erythema, whelps, and scabs) and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin)

I understand that, regardless of payment method, there will be no refunds issued for services rendered. I agree that should I have a problem of any kind whatsoever, I shall immediately notify Refine MD.

I understand that photographs will be used to track patient progress. These photographs may be used for promotional purposes anonymously.



Client Signature: \_\_\_\_\_

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

Date Reviewed and Signed: \_\_\_\_\_