

CHEMICAL PEEL

Consent for Treatment

Client Name _____ Date _____

TREATMENT *(Please Select One)*

SKIN CONDITIONS *(Please Select One or More)*

____ Glycolic Treatment

____ Superficial wrinkles, fine lines

____ Salicylic Treatment

____ Acne or acne prone/Rosacea

____ Lactic Treatment

____ Hyperpigmentation(sun/brown spot)

____ Jessner's Solution

____ TCA

The Treatment you will receive is a clinical treatment designed to exfoliate or remove the outer layers of the skin.

Your participation in the skin care treatments will determine the outcome. It is important that you strictly adhere to your homecare products that your Aesthetician has recommended. No guarantee is made or implied as to the precise results, peeling time or discomfort.

Depending on the treatment, you may experience some temporary stinging or warm flushing. This will fade within 5-10 minutes. During the next few hours you may experience some tightening of the skin, which may last for several days. For most patients, a light flaking may begin within 48 hours. It is impossible to pre-determine how much peeling will occur. The shedding process usually subsides within 2-3 days.

Please initial those which apply:

___ I am not pregnant

___ I agree to follow the prescribed protocol

___ I am not allergic to aspirin

___ I agree to avoid direct sun for 48 hours

___ I have not used Retin-A for 72 hours

___ I agree to notify Aesthetician of concerns

___ I do not have active cold sore

___ I agree to apply sunscreen protection daily

___ I have not used Accutane in past year

___ I agree not to wax for 72 hours

I hereby give my consent and authorization voluntarily and release PARADISE VALLEY WOMEN'S CARE, and any of its employees from any claims, implied or stated that I have or may have in the future in connection with this treatment, regardless of result(s). I am stating that I fully understand the above and the treatment has been fully explained to me in detail. I certify if any changes occur in my medical history/health I will notify office as soon as possible.

Client (Print Name)

Signature

Date

Witness (Print Name)

Signature

Date