

Date: _____

Name: _____

Date of Birth: _____

Please read and initial:

_____ I hereby consent and authorize that the Service Provider at this Medi-Spa may perform a chemical peel treatment.

_____ I have been supplied with the pre- and post-treatment instruction sheet. I agree to follow pre- and post-treatment instructions as indicated. I understand that it may take multiple treatments to achieve the desired effects. I also understand that direct sun exposure without the use of sunscreens is harmful to the skin and may reverse the beneficial effects of the peel.

_____ I understand that a chemical peel may be useful in improving the appearance of the skin, reducing acne lesions, may reduce the appearance of fine lines and wrinkles and diminish pigment irregularities.

_____ I have discontinued the use of any products containing Vitamin A (Retinoic Acid / Retinol) or other exfoliating acids for at least 3 days before my actual treatment.

_____ I acknowledge that I have not used Accutane within the past 6 months.

_____ I have not shaved, waxed or used chemical depilatories, in the area to be treated, within the past 24 hrs

Possible side effects and risks of the procedure are rare. They include the following:

- Mild stinging or burning of the skin for 1-24 hours
- Mild redness and skin tightness for 24 hours
- Hyper pigmentation (darkening) may occur occasionally in patients with dark skin
- Hypo pigmentation (lightening) of the natural color of the skin
- Flaking of the skin for 2-10 days
- Reactivation of oral herpes virus may occur
- Disappointing results – expectations were greater than results obtained
- There may be wind and sun sensitivity that may last a variable amount of time
- Allergic reaction to peeling agents or treatment products
- Skin scarring – very rare

By signing I certify that I have read this consent form in its entirety and understand and agree to the information contained herein. No guarantee has been made as to the precise results, peeling time or discomfort.

Print Client Name_____
Client Signature_____
Date_____
Print Service Provider Name_____
Service Provider Signature_____
Date