



Chemical Peel Informed Consent

I have asked to have the procedure known as a chemical peel. I understand that the peel is not a 'cure-all' for all of my skin problems, and I have had the opportunity to ask questions about the risks and benefits of a peel and all my questions have been answered to my satisfaction.

Peel(s) to be performed:

Jesners TCA Glycolic Lactic Organic IP Light VI Retinol

I understand that there is a risk of bacterial infection after the peel and have been told how to best prevent this.

I understand that there is a risk of scarring both from the peeling agent and any resulting infection and how to take steps to prevent this.

I understand that a cold sore or herpes infection during the healing phase of the peel can cause a severe infection with possible scarring and I have been counseled and/or pre-medicated to prevent or lessen this possibility.

I understand that sun exposure, even a small amount, can have an adverse effect on the outcome of the peel and I will avoid direct sun exposure as long as I can after the peel. I will wear sunscreen of SPF 30 or higher when going outdoors.

I understand to keep my eyes closed during the procedure to prevent accidental spillage of the peeling agent into my eyes. Such an event can cause a severe corneal ulceration and may require treatment by an eye specialist.

I consent to having my photograph taken before and after the procedure for documentation and educational purposes.

I understand that this is an outpatient procedure, performed in an outpatient setting. Some stinging and pain will occur during the peel and will last up to several minutes.

I understand that if I am a cigarette smoker, that all the risks involved with the procedure are increased and that my healing time will be prolonged.

I understand that there is a chance for an allergic reaction to medications and ointments used before and after the peel. *

I understand that I may have a prolonged sensitivity to extremes in temperature, wind and the sun in the peeled areas.

I affirm that I have followed the pre-peel regimen of care.

I will follow all post peel instructions as exactly outlined verbally by my technician. In addition, I have been given written post peel care instructions.

I recognize that the performance of this procedure is not an exact science and acknowledge that no guarantees or assurances have been made to me concerning the results of this procedure.

I understand the above and agree to a chemical peel as described above. By my signature below, I hereby hold harmless Wicked Skin Med Spa LLC / Allure Laser Institute, (it's officers, owners, personnel, employees, agents, contractors, invitees, or volunteers) and release them from any and all liability connected with this procedure.

Patient signature: _____

Printed Name: _____ Date: _____