



## **INFORMED CONSENT - CHEMICAL PEEL**

The instructions provided in this informed consent should be followed by all patients receiving a Chemical Peel. You will be asked to sign this form acknowledging that you have read and understood all of the above information presented.

**CHEMICAL PEEL TREATMENT PURPOSE:** A chemical peel is a mid-deep level designed to improve the texture and appearance of your skin.

**PATIENTS WHO SHOULD NOT BE TREATED:** A chemical peel SHOULD NOT be used on patients with active cold sores or warts, skin with open wounds, sunburns, excessively sensitive skin, dermatitis or inflammatory rosacea in the area to be treated. Inform your medical professional if you have any history of herpes simplex. You should also not have a Chemical Peel if you have a history of allergies, rashes, or other skin reactions, or may be sensitive to any of the components of this treatment. A Chemical Peel should not be performed on patients with an allergy to salicylates (i.e., aspirin). A peel is also not recommended if you have taken **Accutane®** within the past year, or received chemotherapy or radiation therapy. Chemical Peel should not be administered to pregnant or breast feeding (lactating) women.

**ONE WEEK BEFORE YOUR CHEMICAL PEEL:** Avoid these products and /or procedures in area(s) treated:

- Electrolysis
- Waxing
- Depilatory Creams
- Laser Hair Removal
- Patients who have had medical cosmetic facial treatments or procedures (e.g. laser therapy, surgical procedures, cosmetic filler, microdermabrasion, etc.) should wait until skin sensitivity completely resolves before having a Chemical Peel
- Patients who have had BOTOX® injections should wait until full effect of their treatment is seen before receiving a Chemical Peel.

**THREE DAYS BEFORE YOUR CHEMICAL PEEL:** Avoid these products and /or procedures:

- Retin-A®, Renova®, Differin®, Tazorac®
- Any products containing retinol, AHA or BHA, or benzyol peroxide
- Any exfoliating products that may be drying or irritating

***Note:*** *the use of these products/treatments prior to your peel may increase skin sensitivity and cause stronger reactions.*

**AFTER YOUR CHEMICAL PEEL:** It is crucial to the health of your skin and the success of your peel that these guidelines be followed:

1. It is imperative that you use a sunscreen with an SPF of at least 20 and avoid direct sunlight for at least 1 week.
2. Patients with hypersensitivity to the sun should take extra precautions to guard against exposure immediately following the procedure as they may be more sensitive following the peel.
3. Because of the superficial nature of a chemical peel, patients should expect to see visible Peeling. Occasionally, some patients may have very minor flaking 3-4 days after the procedure.
4. Skin may appear rather an usual for about one to hour after treatment. If neck and décolletage area are treated, the redness might slightly longer.

5. Skin should look normal the next day.
6. Apply a light moisturizer or Colorescience's "Be Still Spritzer" as recommended by your medical professional, as often as needed to relieve dryness and tightness.
7. You may resume the regular use of Retin-A®, alpha-hydroxy acid (AHA) products or bleaching creams ONLY after the peeling process is complete or after 4-5 days.
8. Wait until the peeling is complete before having **ANY OTHER FACIAL PROCEDURES**. Including:
  - Facials
  - Microdermabrasion
  - Laser Treatments
  - Laser Hair Removal
  - BOTOX® injections
  - Injectable fillers

**SUNBURN ALERT:**

This product may contain an alpha hydroxyl acid (AHA) that may increase your skin's sensitivity to the sun and particularly the possible of sunburn. Use a sunscreen, wear protective clothing, and limit sun exposure while using this product and for a week afterwards.

**ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR CHEMICAL PEEL:**

It is common and expected that your skin will be red and possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having a chemical peel: edema, stinging and burning, dryness and erythema.

***Please read and initial the following:***

\_\_\_\_\_ I understand that the: \_\_\_\_\_ Peel treatment is not an exact science and the degree of improvement is variable.

\_\_\_\_\_ I understand that occasionally there is no visible improvement and another form of treatment may be required.

\_\_\_\_\_ I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section.

By my signature below, I acknowledge that I have read this \_\_\_\_\_ Peel informed Consent form and understand it. I have been given the opportunity to ask questions and may question have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed.

\_\_\_\_\_  
**Patient Signature**                      **Print Name**                      **Date**

\_\_\_\_\_  
**Witness Signature**                      **Print Name**                      **Date**

**For Office Staff: Please make a copy of completed and signed consent form.  
 Place one copy in patient's file and give one copy to patient to take home.**