



PracticallyPerfect
MEDICAL AESTHETICS

Chemical Peels
Client Information and Consent Form

Chemical Peels have been used for years to create softer and smoother skin. A chemical peel involves the application of highly specialized acids and/or enzymes that remove the outermost layers of dead skin cells causing superficial peeling and exfoliation. After the dead skin cells are removed, the skin begins to rejuvenate to reveal more glowing, youthful skin. Chemical peels can be extremely beneficial if you have hyper-pigmentation, acne, sun damage, photo-aging or rosacea. The benefits of a chemical peel include:

- Reduction of wrinkles and fine lines
- Minimization of pore size
- Decrease or elimination of hyper-pigmentation
- Reduction of acne flare ups
- Skin cell renewal
- Improvement in overall texture and tone of the skin

Typically, a series of peels or facial treatments are needed to see results. As with any facial treatment, there are always possible problems that can arise. Everyone's skin is unique and may or may not be sensitive to an ingredient or product. Allergic reactions are not common, but can occur. Redness, swelling, peeling, increased pigmentation, prolonged skin sensitivity to wind and sun, breakouts and skin burning can occur. These side effects are temporary, but can be uncomfortable.

Please read and initial next to each paragraph:

____ I have been advised that my treatment is a noninvasive and may consist of any of the following: salicylic acid, AHA's, retinol, TCA, resorcinol, or red wine vinegar acid.

____ I understand a chemical peel is a superficial procedure. The use of the above ingredients stimulates the skin to generate new skin cells and new collagen formation and increase the blood circulation and flow to the skin. It does not replace deep chemical peels, laser resurfacing or plastic surgery.

____ I have disclosed all medications I am taking or have taken within the past 60 days.

____ I have not taken Accutane or any other Vitamin A medication for Acne for at least 6 months.

____ I have disclosed all of the topical products I am using.

____ I am not pregnant.

____ I have told my Nurse Practitioner about any chronic skin conditions I have, and I do not have lupus, cancer or any autoimmune disorders.

____ I will avoid the sun, tanning beds, and agree to wear sunscreen daily for two weeks after the chemical peel.

____ I have not had a laser treatment, been waxed or had any other peel within the past two months.

____ I am aware and acknowledge that there is a rare possibility of an allergic skin reaction.

_____ I understand that results vary from person to person. I acknowledge that it is impossible to list every potential risk and complication, but I have been informed of the benefits, risk and likely improvement that I will see with my skin.

_____ During the chemical peel, I may notice a warm sensation and my skin may tingle, sting or burn. Immediately after the peel my face may appear sunburned, be darker in appearance and feel tight and be more sensitive.

_____ Temporary peeling, mild redness and photosensitivity may, or may not, occur after receiving any peel.

_____ I understand that I am not to pick or peel any of the old skin. Picking or pulling skin may lead to an infection or scarring. An infection will require treatment with antibiotics.

_____ I understand skin peels may lighten hyper-pigmented skin, and I acknowledge that there is NO GUARANTEE that dark discoloration of the skin known as melasma will be reduced or faded.

_____ I acknowledge that if I am prone to cold sores (herpes), I may need a prescription to treat cold sores, since a chemical peel could result in cold sores.

_____ I acknowledge that I am not aspirin-sensitive, or if I am, I have discussed this with my Nurse Practitioner and understand that there could be a reaction.

Consent:

Your consent and authorization for this procedure is strictly voluntary. Your signature on this consent form authorizes Practically Perfect Aesthetics to perform a chemical peel. As with any cosmetic procedure, there is no guarantee that you will be completely satisfied.

I have read this informed consent form and certify that I understand its contents in full. My signature indicates that I am consenting to receive treatment and have had the opportunity to ask questions about the procedure and its risk. I have been advised of the risks involved in such treatment and alternative treatments, including no treatment at all.

I understand that I release Practically Perfect Aesthetics, Inc. and its associates, the Medical Supervisor, and the Nurse Practitioners from any liability associated with complications from this procedure.

Signature: _____ Date: _____

Photograph:

I consent to be photographed before, during and after treatment. These photographs shall be the property of Practically Perfect Aesthetics. These photographs will be used for:

- Documentation purposes
- Scientific reasons
- Patient Education (both in and out of the office)

Signature: _____ Date: _____