



## Chemical Peel Consent

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### What is a Chemical Peel?

Superficial chemical peels are topical products applied to the skin to soften the dead skin layer and exfoliate the skin. Stimulating cell turnover helps restore the skin to a more youthful appearance. Many skin conditions can be improved by a series of chemical peels. The most common candidate for a chemical peel is a person with sun-damaged skin, uneven pigmentation, fine wrinkles or acne scarring. Fine lines may be softened, dull skin may appear more radiant and rough or uneven skin will feel smoother. Sun damaged skin or blotchy skin as well as skin with acne scarring may see improved skin tone.

### What can I expect during a chemical peel?

Before your treatment, your provider will ask you a series of questions to ensure you are a suitable candidate for a chemical peel. If you have a history of cold sores (herpes simplex infections), please inform your provider, as you may be required to take an antiviral medications like acyclovir (Zovirax) one week prior to treatment and continue taking the antiviral medicine afterwards to prevent reactivation of cold sores. Patients with darker skin may also require pretreatment with hydroquinone preparations.

Typically offered as part of a facial, chemical peels are tailored to your skin's needs by your provider. The active ingredients, strength and duration of application are considered to address your skin concerns. After the face is cleansed and prepped, the peel is applied using gentle sweeping motions following the curves of the face. Every person's reaction is unique, and during your treatment your provider will check with you to ensure you are comfortable. Please inform your provider immediately should you find the treatment uncomfortable at any time.

Since the goal of a peel is to exfoliate the skin, skin turnover is to be expected. It is critical that you keep your skin well hydrated following a peel, so that it may heal in a moist and protected environment. You should NOT pick the flaking skin, as this may cause unwanted & possibly permanent scarring. It is very important as your skin heals that you use Sunscreen with an SPF of 30 or higher.

### What are the side effects, risks and possible complications?

- allergic reaction to the selected chemical peel used
- discomfort (stinging, tenderness)
- chemical burn
- dryness and itching of the skin
- swelling
- scarring
- infection
- reactivation of herpes simplex infections (cold sores)
- pigment or color changes to the skin (hyper (darker) or hypo (lighter) pigmentation)
- a recuperation period (will depend upon the depth of the peel and your skin type and body's healing)

**Who should NOT have a Chemical Peel?**

You should NOT have a chemical peel if you have any of the following. Please check all that apply:

- Use prescription topical medicines or treatments
- Use oral medications such as Accutane
- Use abrasive scrubs or stronger exfoliants in last 3-5 days before the treatment
- Have had prolonged sun exposure within 2 weeks of treatment
- Plan to be out in the sun after the treatment (e.g. vacation or outdoor activities)
- Individuals with darkly pigmented skin should be very cautious about having chemical peels. There is a significant chance that the pigmentation of the newly healed skin will be substantially different from their current skin color and may result in darker (hyperpigmented) or lighter (hypopigmented) areas. These changes may be permanent.

**Informed Consent**

- I have been satisfactorily informed and educated about this skin care procedure and post care instructions.
- I have had a chance to ask all of my questions regarding this treatment.
- I certify that the above information I have provided is true and correct to the best of my knowledge.
- I understand that there is no guarantee this treatment will improve my condition and that results may vary.
- I agree to follow the recommended post treatment instructions to ensure the best results from today's treatment.
- I will not hold the Vega MedSpa, its owners, or its employees responsible for the results I experience.
- I will immediately notify Vega MedSpa's providers should I have any further questions or concerns after today's treatment.
- I have read this document and understand its contents.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent valid for 12 months**

- I have reviewed the above information with the client, answered all questions, and have provided post care instructions to ensure the best possible outcome.

Clinical Staff Name: \_\_\_\_\_

Clinical Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_