

Informed Consent for Chemical Peels

Glycolic, Lactic, Salicylic, Jessner's, TCA (Trichloroacetic Acid)

I am interested in having the following chemical peel:

Glycolic Lactic Salicylic TCA Jessner's

1. This process involves application to the affected skin area with a cotton swab or small brush. Depending on the solution, it may be left on for up to three minutes. This is determined by product strength, skin type and condition, sensitivity, age or prior use of any exfoliating agent. During or immediately following the procedure, there may be some degree of discomfort, including but not limited to stinging, pinpricking sensation, hotness or tightness.
2. While other peels are neutralized and removed during treatment. I understand that TCA and Jessner's peels are applied in one to six layers and not removed.
3. In order to receive maximum results, more than one application may be required, thus it may be recommended that I participate in a series of treatments. My program is customized based on the advice of my skin care professional.
4. Rate of improvement depends on a number of factors including age, skin type and condition, degree of sun and environmental damage, pigmentation levels, and acne condition. I will follow pre-and post-peel instructions and maintain appointment schedules exactly as prescribed, including home care.
5. I acknowledge that no guarantee has been made about the results of the procedure. I also understand that I may not actually peel because each case is subject to the individual. Although it is impossible to list every potential risk and complication, I have been informed of some possible benefits, risks, and complications which may include, but are not limited to the following:
 - * Softer, smoother skin
 - * Reduction in the appearance of lines and wrinkles
 - * Reduction in acne lesions
 - * Swelling and redness
 - * Scabbing or peeling of treated skin and surrounding areas
 - * Prolonged skin sensitivity to wind and sun
 - * Areas of persistent, increased or decreased pigmentation
6. Any potential risks and complications could result in the need to discontinue the treatment. In this case, alternative recommendation(s) will be suggested. If the need arises, I authorize my skin care professional to perform such required treatment or procedure. It is very rare that a permanent disability occurs. I also agree to immediately inform my skin care professional if I have concerns, or am overly uncomfortable during treatment or after I return home. Initial _____

7. I agree to inform my skin care professional when I introduce new medication(s) and/or products during the course of the treatment. I attest that I have had an opportunity to ask questions and have questions answered to my satisfaction. Initial _____

8. I certify that I am over the age of eighteen (18), that I am not pregnant or nursing, on Accutane or taking any other medication that may be contraindicated to having this procedure. I have read and will follow to the best of my ability any and all instructions. I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied. I also understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Initial _____

Contraindications to chemical peels:

- * Accutane within at least one year.
- * Herpetic breakout
- * Open wounds
- * Suspicious lesions
- * Bleeding
- * Pregnancy
- * Cancer
- * Cancer therapy or radiation
- * Autoimmune disease
- * Hepatitis
- * Recent facial surgery
- * Allergies
- * Retin-A
- * Hormones
- * Tanning or tanning booths

I have read the above information and fully understand what to expect. To the best of my knowledge, I do not have any of the conditions which are contraindicated for chemical peels and I release Gale Love, the medical director, and Love Skincare Center, LLC, from any liability that may result from this treatment.

Love Skincare Center, LLC. Policies:

- 1. A full twenty-four hour cancellation notice is appreciated to avoid a 50% service charge.**
- 2. Love Skincare Center does not issue cash refunds.**
- 3. To better serve you, an initial consultation is required before dispensing any product.**

I fully understand and agree to the above policies.

Signature _____

Date _____

