

CHEMICAL PEEL CONSENT FORM

Name _____

Date _____

Superficial chemical peels are topical exfoliants applied to the skin to soften the dead skin layer and exfoliate the skin. This helps restore the skin to a more youthful, smooth, and beautiful appearance. Possible side effects include and are not limited to: brown or white spots, scabbing, peeling, scarring, uneven skin color, redness and rough texture.

- Do not use prescriptive or over the counter topical, abrasive scrubs or stronger exfoliants 3 to 5 days pre and 7 days post treatments.
- No prolonged sun exposure 2 weeks prior or post treatments
- Sun protection of at least SPF 30 will be worn daily with frequent re-applications if outdoors
- I am currently not taking or using any medications that are contraindicated to receiving a chemical peel:

_____ please initial acknowledging all points above

Medications currently used _____

I understand that following treatment my skin may appear red and feel like it has a mild sunburn. I understand that anytime the skin barrier is compromised there is a small risk of infection. I will contact my esthetician immediately should this happen. I agree to care for my skin post treatment in the manner suggested by the esthetician. _____initials

I UNDERSTAND THAT I AM NOT TO PICK THE FLAKING SKIN AS THIS COULD CAUSE UNWANTED PIGMENTATION, SCARRING, UNDESIRE, OR PERMANT DAMAGE.

The chemical peel treatment has been fully explained and my questions or concerns, have been addressed. I acknowledge that no guarantee has been given to me as to the condition of the complexion, skin pore size, wrinkles, or the percentage of improvement expected following treatment due to each individual's unique reactions.

I understand that no specific results are guaranteed.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND THEREBY CONSENT AND AGREE TO THE TREATMENT WITH ITS ASSOCIATED RISK.

I HEARBY CONSENT TO RECEIVE A CHEMICAL PEEL

Client's Signature: _____ Date: _____

Esthetician's Signature: _____

TREATMENT TRACKING

Date of Initial Facial _____

Series or single treatment _____

Product Chosen _____ Salicylic/Lactic _____ Glycolic

Method of Application _____ Method of neutralizing _____ Minutes left on _____

Treatment #1 _____

Notes: _____

Treatment #2 _____

Notes: _____

Treatment #3 _____

Notes: _____

Treatment #4 _____

Notes: _____

Treatment #5 _____

Notes: _____

Treatment #6 _____

Notes: _____

Treatment #7 _____

Notes: _____

Treatment #8 _____

Notes: _____