

CONSENT FORM FOR CHEMICAL PEELS

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure such as pregnancy, recent facial surgery, allergies, tendency to cold sores/fever blisters, use of Retin-A, Accutane, Differen, Tazorac or Avage.

I understand there may be some degree of discomfort such as stinging, a pin-pricking sensation hotness or tightness.

I have been advised that there are no guarantees as to the results of this treatment, due to many variables such as age conditions of the skin, sun damage, smoking, climate, etc. Each case is individual.

I understand that to achieve maximum results, I may need several treatments.

I agree to refrain from tanning while I am undergoing treatment, and during the 14 days following the end of treatment.

I understand that direct exposure to the sun is prohibited while I am undergoing treatment and that the use of sun block protection with a minimum SPF15 is necessary.

I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-peel care instructions as I am directed.

Client Signature _____ Date: _____

Client Name (print) _____