

Consent for Chemical Peel Treatment

My signature acknowledges that I have read the following and agree to receive the treatments or series of treatments listed below. I, <PersonalInfo.FirstName> <PersonalInfo.LastName>, consent to and authorize <Appointment.Provider> to perform a chemical skin and other services.

Please initial each line:

_____ This superficial peel is designed to improve the texture and appearance of your skin.

_____ **PATIENTS WHO SHOULD NOT BE TREATED:** Patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, dermatitis or inflammatory rosacea in the area to be treated. You should also not have a treatment if you have a history of allergies, rashes, or other skin reactions. Treatment should not be performed on patients with an allergy to salicylates (i.e., aspirin). Not recommended if you have taken Accutane within the past year, or received chemotherapy or radiation therapy.

_____ **ONE WEEK BEFORE YOUR CHEMICAL PEEL:** Avoid these products and/or procedures for one entire week prior to your chemical peel: Electrolysis, waxing, depilatory creams and laser hair removal.

_____ **TWO TO THREE DAYS BEFORE YOUR VITALIZE/ILLUMINIZE PEEL™:** Stop using: Retin-A, Renova, Differin, Tazorac. Any products containing Retinol, AHA or BHA, or benzyl peroxide. Any exfoliating products that may be drying or irritating. Patients who have had medical cosmetic facial treatments or procedures (laser therapy, surgical procedures, cosmetic filler, or microdermabrasion) should wait until skin sensitivity completely resolves before receiving a chemical peel.

_____ **AFTER YOUR VITALIZE/ ILLUMINIZE PEEL™:** It is crucial to the health of your skin and the success of your peel that these guidelines be followed:

_____ If Retinoic Acid (Vitalize) is used as part of your treatment, your skin will have light yellow tinges immediately after the procedure. This is temporary and will fade in 1 to 2 hours. SkinMedica recommends waiting until the evening to wash your face, however if you should choose to wash it sooner, please wait until after the yellow tinges completely disappear (1 to 2 hours).

_____ It is imperative that you use a sunscreen with an SPF of at least 20 and avoid direct sunlight for at least 1 week.

_____ Patients with hypersensitivity to the sun should take extra precautions to guard against exposure immediately following the procedure as they may be more sensitive following the peel.

_____ Your skin may be more red than usual for 2 to 3 days. Please avoid strenuous exercise during this time.

_____ Approximately 48 hours after the treatment, your skin will start to peel. This peeling will generally last 2 to 5 days. **DO NOT PICK OR PULL THE SKIN.**

_____ When washing your face, do not scrub. Use a gentle cleanser that does not contain soap.

_____ Apply a light or Ultra Sheer Moisturizer as often as needed to relieve dryness and tightness.

_____ Do not have any other facial treatment for at least one week after your peel.

_____ You may resume the regular use of Retin-A, alpha-hydroxy acid (AHA) products or bleaching creams **ONLY** after the peeling process is complete.

_____ I understand that the Vitalize/Illuminize Peel™ treatment is not an exact science and the degree of improvement is variable. I also understand that occasionally there is no visible improvement and another form of treatment may be required.

My signature below acknowledges that I have read this Vitalize/Illuminize Peel™ Informed Consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risk and benefits of this treatment and wish to proceed with the Vitalize/Illuminize Peel™.

<PersonalInfo.FirstName>

<PersonalInfo.LastName>

Patient Name

<PersonalInfo.DOB>

DOB

Signature - Patient or Guardian

<Appointment.Date>

Date

Signature - Witness

Witness - Print Name

<Appointment.Date>

Date