



Glycolic Peel Informed Consent

A chemical peel can be used to diminish the appearance of fine lines and wrinkles, improve texture, reduce pore size, increase hydration and moisture retention, give skin a smoother appearance and diminish the appearance of hyperpigmentation. Layers of product are applied based on your unique skin composition and needs. Multiple treatments are required in order to obtain optimal results spaced 2-6 weeks apart. Due to variables such as age, condition of your skin, sun damage, smoking, skin care products, climate, life-style, and general health, you acknowledge that there are no guarantees, warranties or assurances that you will be satisfied with your results.

Contraindications For This Treatment Include:

1. Pregnancy/Lactating
2. Herpes Simplex (cold sores or fever blisters). An anti-viral medication may be necessary prior to treatment.
3. Extensive sun or tanning 3 days prior and 3 days post treatment.
4. Accutane in the past 6 months to 1 year
5. Topical retinol products in the past 2-4 weeks
6. Waxing of the area to be treated in the past 7 days
7. Microdermabrasion immediately before or after our peels is contraindicated
8. Any other light chemical peel within 14 days of the treatment
9. History of aggressive peels or ablative treatments within 6 months to 1 year, client dependent
10. Skin must be healthy and intact

I am aware of the following risks:

1. **Mild to moderate discomfort or pain.** Many patients describe the sensation as stinging, pin-pricking, heat, or tightness.
2. **Slight redness or swelling** of the skin, usually lasting only a few hours.
3. **Sun sensitivity,** exposure to direct sun and tanning beds can cause hyperpigmentation.
4. **Skin sensitivity.** The skin may be sensitive during the peeling process. Do not pick or rub, do not use buffs or scrubs, and do not use exfoliating products while you are peeling. Allow your skin to exfoliate on its own or you may cause post-inflammatory hyperpigmentation.

Though rare, I am aware the following may also be considered risks:

- **Pigment Changes (Skin Color).** During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, it may be permanent.
- **Scarring.** Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions carefully.
- **Allergic Reaction.** Some ingredients may cause an unanticipated allergic reaction.

Initial after reading this page _____



I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize a designated staff member of Serenity to perform one or more chemical peels on me. Alternative means of treatment, such as skin care products, IPL, and microdermabrasion have been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the Serenity staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions during the chemical peel and to follow post-peel instructions.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release (individual) and (facility) and (doctor) from all liabilities associated with the above indicated procedure.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my chemical peel treatments in the future as well.

Signature of Patient or Guardian

Print Name/Relationship

Date

Signature of Witness

Print Name/Relationship

Date

Date of Service:									
Client Initial:									