

CHEMICAL PEEL CONSENT FORM

- 17. Have you had recent facial surgery?
- 18. Are you a smoker?
- 19. Do you currently have cold sores or shingles?
- 20. Do you often get cold sores or shingles?

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

Risks and side effects:

I understand that the following risks and side effects may occur:

- Redness and irritation
- Peeling and flaking of skin
- Temporary or permanent changes to skin pigmentation
- Sensitivity to sunlight
- Infection or scarring (rare)

Precautions and aftercare:

I agree to follow all pre-treatment and post-treatment instructions provided by the doctor, including but not limited to:

- Avoiding sun exposure and using sunscreen.
- Using recommended skin care products.
- Not picking or scratching treated skin.

Alternative treatments:

I understand that alternative treatments may exist such as microdermabrasion.

Financial Responsibility: I understand that I am financially responsible for the chemical peel treatments sessions as discussed with the doctor.

Consent:

I have been given the opportunity to ask questions about the treatment and all questions have been answered to my satisfaction. I understand the risks and benefits of the chemical peel treatment and hereby consent to undergo the procedure.

Signature: _____

Date: _____

Signature of Healthcare Provider: _____

Date: _____