



Consent for Chemical Peel Treatments

I authorize Surface Medical Spa personnel to perform chemical peel treatments on me. I understand that this procedure is purely elective.

Chemical peels are designed to exfoliate and remove the outer layers of skin. Chemical peels are used to treat active acne, blackheads, superficial wrinkles, scarring, resurfacing skin layers, ease sun damage, clear the complexion, and help with pigment disorders.

You may experience some uncomfortable stinging or a warm sunburn-like flushing that usually fades within 5 minutes. After the treatment you will feel a tightening sensation that usually lasts from several days to a few weeks. For most patients, peeling begins within 48 hours and continues for one or two days. It is impossible to know in advance how much peeling will occur. Deeper penetration can result in sensitivity for several hours afterward with significant peeling for up to 10 days. Your skin will feel tight and dry. Redness could last for several weeks.

I understand that serious complications are possible but infrequent. Common side effects may include; pain, burning, scar formation, changes in pigmentation or skin color, less than desired results, uneven skin contour and changes in skin sensation.

The outcome of this procedure depends upon you and your compliance to pre and post treatment protocols. You must follow all physician instructions faithfully.

- Discontinue Accutane 6 months prior to treatment.
- Discontinue Retin A or Renova 4 weeks prior to treatment.
- Report any conditions yo have regarding dormant eczema, allergy to aspirin, salicylates, cigarette smoking, or dormant herpes.
- A minimum SPF 30 full spectrum sunscreen must be applied at least once daily.
- Sun exposure must be limited for one week post-treatment.

I understand that not following the post-care instructions will increase my chances of complications.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publication and sales purposes. No full-face photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Pre and post treatment instructions have been discussed with me. The procedure, as well as potential benefits and risks have been explained to my satisfaction. I have had all of my questions answered and freely consent to the proposed treatments.

Patient Signature _____ Witness Signature _____

Print Name _____ Print Name _____

Date _____ Date _____