

Patient Name _____

Informed Consent for Skin Peel

- Chemical Peel** **Microdermabrasion treatment**

Prior to receiving this treatment, I have been candid in revealing any condition that could prohibit this treatment, such as , pregnancy, breastfeeding, recent facial peels or surgery, allergies, tendencies to cold sores and fever blisters, recent use of Retin-A, Glycolis acids, hormones or use of Accutane® within the last 12 months

I understand that the following **Side effects and complications** can occur:

- Discomfort
- Redness and swelling
- Infection
- Scarring
- Skin peeling or flaking up to 14 days after the treatment.
- Changes in Pigmentation
- Itching or irritation
- Acne breakouts

Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the treatment and accept sole responsibility for any medical care that may become necessary. I will immediately contact the doctor or esthetician performing the treatment of any adverse reactions.

I will not scratch, pick, pull at or abrade the treated skin.

I understand that direct sun exposure and use of tanning booth is prohibited during this treatment time, and that **a mandatory use of a minimum SPF of 15 sun protection is used daily.**

_____ I understand all of the above precautions and contraindications

_____ I received pre and post peel instructions.

Consent to Photograph

I authorize Total Eye Care & Cosmetic Laser Centers to photograph, televise or videotape, or permit others to do so, while under their care and agree that they may use, or permit others to use, the negative, slide, print or videotape prepared by them for teaching, publication, corporate website posting, or research. The name of the patient will not be used.

Consent

I understand that there are no guaranteed results from this treatment. There are many variables that affect the results, such as age, sun damage, ongoing sun exposure, smoking, excessive alcohol intake, climate, diet and water intake, skin thickness and sensitivity. I understand that I may or may not peel and that each case is individual.

I understand that to **achieve maximum results** the recommended home care routine must be followed. I understand that if I alter the routine or use products not recommended by the skin care professional the results could be altered or inhibitive. I also understand that **it may take several treatments** to obtain the desired results.

I hereby authorize my doctor and the medical esthetician to perform the above treatment. I have read and understand the above. I have had the risks, benefits, and alternatives explained to me, and have had the opportunity to ask questions. I accept the risks and complications of the procedure. I hereby release the doctor, the person performing the treatment and the facility from liability associated with this procedure.

Signature of Patient

Date

I have discussed the risks and benefits of the above treatment with this patient; I have answered his/her questions in detail concerning the procedure.

Signature of Physician or Physician's Representative

Date

Pre Peel Treatment Instructions

In order to achieve the best results from your peel treatments we ask that you read and understand the following instructions:

1. Please follow the instructions and guidelines for your skin care products provided to you. If for any reason you stop or interrupt the prep procedure you must contact your skin care specialist immediately. Your scheduled appointment or type of peel may need to be changed or rescheduled.
2. One week before the peel **DO NOT HAVE THE FOLLOWING TREATMENTS:**
 - Electrolysis
 - Waxing
 - Depilatory Creams
 - Laser hair removal
 - Sun exposure to area to be treated
 - Hair color or chemical treatment application of any type
3. Three days before the peel
AVOID THESE PRODUCTS AND/OR PROCEDURES :
 - Retin-A®, Renova®, Differin®, Tazorec®
 - Any products containing retinol, alpha-hydroxy acids, beta-hydroxy acids, or benzoyl peroxide, and any exfoliating products that may be drying or irritating
4. Patients who have had medical cosmetic facial treatment or procedure (e.g. laser therapy, surgical procedure, cosmetic filler, etc.) should wait until sensitivity completely resolves before receiving a treatment.

Please Notify Dr. Lavrich or our esthetician immediately if you are put on any new type of medication or oral supplement as it may cause increased sensitivity to your peel treatment, or any changes in your health.

Post Peel Treatment Instructions

Your recovery time will be influenced by the type of peel treatment you've received and your individual skin's response.

- **Sun Exposure:** Avoid direct sun for 5-10 days
- **Waxing/Hair removal:** Avoid for 14 days
- **Facial treatments:** Avoid for 14 days
- **Exercise:** Avoid for 24 hours, avoid getting heated
- **No Exfoliating products** for 5 days
- **Sun Block is Mandatory** and should be reapplied as directed and needed
- **Do Not Pick At Skin**
- Increase water intake
- Do not use wash cloths, or any type of cloth on skin,
- Apply cleansers to clean hands for facial cleansing