

INSTRUCTIONS

This is an informed consent document which has been prepared to assist your Physician, Registered Nurse, and/or certified Aesthetician inform you about skin peel and skin treatment procedure(s), its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your Physician, Registered Nurse, and/or certified Aesthetician may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Contraindications to all peels: If you have any of the following, a peel should not be done at this time and you must notify your Physician, Registered Nurse or certified Aesthetician immediately;

- Use of Accutane in the last 6 months
- Active herpes simplex (cold sores)
- Facial Warts
- If you are now pregnant, think you might be pregnant, or are trying to become pregnant
- If you form keloid or hypertrophic scars
- If you have a history of sun allergies
- Prior bad reaction to a peel
- Recent radiation treatment for cancer
- Sun burn or significant sun exposure in the last two days
- Surgery or cryosurgery within the last month to the area that you plan to have peeled
- Allergic to Resorcinol
- Allergies to salicylic acids
- Blood vessel disease
- Diabetes
- Inflammation, irritation or infection of the skin
- Influenza
- Varicella (chicken pox)
- Kidney or Liver disease

What To Do Before Your Peel

1. Do not apply Retin-A, Renova, Tazorac, and/or Differin 2 weeks prior to and 2 weeks after your treatment, to the treatment area or as instructed by your Physician, Registered Nurse or certified aesthetician at Avanti Skin Care Center of Willow Bend.
2. Do not sun tan or use the tanning bed 2-4 weeks prior to and 2-4 weeks after your treatment.
3. Stop any type of depilatory treatments (waxing, depilatory creams) to the area of treatment, 2 weeks prior to and 2 weeks after your peel.
4. Stop electrolysis, and any type of laser treatments (laser hair removal, IPL) to the area of treatment, 2-4 weeks before and 2-4 weeks after your peel or as instructed by your Physician, Registered Nurse or certified aesthetician at Avanti Skin Care Center of Willow Bend.

Chemical Peels Post Treatment Care

1. When cleansing, do not scrub. Use a gentle cleanser such as _____ *directed by your Physician, Registered Nurse or certified Aesthetician at Avanti Skin Care Center of Willow Bend.*
2. With any peel, your skin may start to peel 1-3 days after the peel and continue to peel for 2-5 more days; however, it is also possible your skin may not peel at all.
3. Do not peel, pick or scratch the treated area, as this may result in scarring.
4. Apply polysporin, bacitracin or Vaseline to dry flaky areas or as directed *by your Physician, Registered Nurse or certified Aesthetician at Avanti Skin Care Center of Willow Bend.*
5. Do not have any other facial treatments for at least 2 weeks after your peel or until the skin is smooth and back to normal.
6. If given a cortisone cream by your Physician, Registered Nurse or certified Aesthetician, please apply it 1-3 times per day to red irritated areas or as directed. Follow any additional and all instructions given to you by your Physician, Registered Nurse or certified Aesthetician.
7. Always wear your sunscreen; apply a sunscreen with SPF 30 every morning.

After Peel: Patients may have tightness and smoothness immediately post-peel. Peeling usually begins 1-2 days after peel and can extend up to 7 days. Transient hyper-pigmentation and superficial crusting is possible in areas of inflamed acne. **Skin type III** may experience darkening after peel due to increased shedding of the outer layers. Minor side effects may include, but are not limited to superficial crusting, edema and temporary bruising in the lower eyelid areas, hypo-pigmentation, temporary dryness and hyper-pigmentation, all which typically resolves quickly

Chemical Peels Consent Form

The Physician, Registered Nurse or certified Aesthetician at Avanti Skin Care Center of Willow Bend has explained to me the process of peeling the skin by various acids which are called chemical peel. I understand that side effects may include, but are not limited to, increased color, decreased color, infection, pain, bleeding, swelling, scarring or damage to nearby structures, nerves, drug reactions or unforeseen complications.

___ I have received an instruction sheet as to how to care for my skin prior to and following this Procedure and agree to abide by it. I understand that proper sun protection including, but not limited to, the faithful use of broad spectrum UVA-UVB sun block with SPF 30 is vital to proper aftercare and the reduction of risks of undesired side effects.

___ I understand that there is a possibility that this procedure will fail or be unsuccessful or need to be repeated or may require additional treatment of complications.

___ I understand my responsibility for properly fulfilling the appropriate aftercare instructions as explained by the Physician, Registered Nurse or certified Aesthetician at Avanti Skin Care Center of Willow Bend. I hereby release and hold harmless my Physician, Registered Nurse and/or certified Aesthetician and their suppliers from any consequences resulting from my failure to properly fulfill such aftercare instructions.

___ Since multiple treatments may be required, this consent continues for all subsequent treatments by the Physician, Registered Nurse or certified Aesthetician at Avanti Skin Care Center of Willow Bend regardless of the time between treatments

___ I further understand that this is a superficial type of peel that normally creates, at most, only mild redness with occasional areas of flaking or peeling skin. Depending on my skin, this may last 2-7 days.

___ I am aware that on rare occasions this peel can penetrate deeper in certain areas, causing a crusted scab to form. I understand that if this area is not treated appropriately it could become infected and possibly lead to the formation of a scar. It is my responsibility to contact Avanti Skin Care Center of Willow Bend if any crusted areas form or if my skin does not look and feel completely normal within one week after my peel. I acknowledge this and desire that this product be applied to my skin.

___ I am undergoing this peel in an effort to improve my skin texture and color. I understand I may achieve some improvement in my fine wrinkles as well, but no guarantee has been made to me regarding my level of improvement from this peel. The Physician, Registered Nurse or certified Aesthetician of Avanti Skin Care Center of Willow Bend has explained to me that I may need several of these peels to achieve optimal results.

___ I understand and am willing to comply with all pre and post care instructions. This procedure has been explained to me and my questions regarding such treatment, its alternative, its complications and risks have been answered. I have been asked at this time whether I have any further questions about this procedure and I do not. I understand the procedure and accept the risks, and request that this procedure be performed on me by a Physician, Registered Nurse or certified Aesthetician at Avanti Skin Care Center of Willow Bend. The information that I have been given has been in terms clear to me and I understand the risks and complications of the treatments. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure.

CLIENT

PROVIDER

Signature Date

Signature Date

Print Name

Print Name