Skin Perfection

Chemical Peel Consent Form

Name: _____ Birthdate: _____ /_____/ _____

Please Read and Initial

_____ I authorize a chemical peel to be performed to my face, neck, chest, and/or hands.

_____ I understand that there may be redness, irritation and/or discoloration (dark tan and pink marks) that can persist for several days or weeks post treatment.

_____ I understand that hyper-pigmentation or hypo-pigmentation may occur after the treatment that may persist for weeks or months .

_____ I understand that several peels may be required to achieve the maximum results. The degree of improvement is dependent upon many different variables and cannot be guaranteed. I affirm that no guarantee has been made to me about the results of this procedure.

_____ I understand that once the desired results are achieved, maintenance peels are necessary to sustain the rejuvenative results of the procedure. The frequency of maintenance sessions depend on genetics, age, and lifestyle and will be best assessed by the aesthetician.

_____ I agree to follow post-treatment instructions to maintain results and avoid any complications.

I have read the above information and initialed each section to indicate that I fully understand the results and potential risks of Chemical Peels. I give permission to Skin Perfection to perform the Chemical Peel procedure and hold Skin Perfection, and/or staff members, owners and/or affiliates harmless from any liability that may result from this treatment. I have given an accurate account of my allergens, medical conditions, and will hold the aesthetician harmless for any conditions present but not disclosed which may be affected by the procedure I am about to receive. I have read and understand the post-treatment home-care instructions and am willing to follow the recommendations made by Skin Perfection to minimize or eliminate possible negative reactions. I understand that my aesthetician will take every precaution to minimize or eliminate negative reactions. In the event I have questions or concerns regarding my treatment or suggested post-treatment care, I will consult the aesthetician immediately. Should the aesthetician not be available, I agree to seek appropriate medical care from a licensed physician as required.

Client Signature:_____ Date _____
(Signature of Parent or Guardian if client is a minor)

Print Name:_____ Phone _____