

LIGHT CHEMICAL PEEL PATIENT CONSENT FORM

I understand that I am going to have a light glycolic/lactic chemical peel. I further understand that this is a superficial type of peel that normally creates, at most, only 1 or 2 days of mild redness with occasional areas of flaking skin.

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 my skincare professional's office if any crusted areas form or if my skin does not look and feel completely normal within 3 or 4 days 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 skincare professional has explained to me that I may need several of these peels to achieve optimal results.

Patient Signature

Date

Witness Signature

Date