



CHEMICAL PEEL CAUTIONS AND POST TREATMENT INFORMATION

A chemical peel treatment is a procedure with certain inherent risks. If you follow your skin care professional's advice and directions, the risk of complications in this procedure is minimal. Anything that you do against your skin care professional's advice increases the chances of you having complications.

This procedure is NOT advised for individuals who have the following:

- Allergies
- Antibiotic Medication
- Autoimmune Disease
- Cancer or Cancer Therapies
- Diabetes
- Excessive Capillary Damage or Rosacea
- Eczema
- Hair Dying or Permanent
- Hepatitis
- Keloid or Pigmented Scarring
- Lesions of Potentially Malignant Pigmented Nature
- People who are prone to Fever Blisters
- Pregnancy or Lactating
- Warts or any other Infectious skin disorders

Prior to your treatment certain conditions may require postponement of your treatment. These include the following:

- Inflamed acne lesions
- Open cuts or scratches on your face
- Active cold sores on lips and face
- Recent sunburn
- Any facial surgery within 3 months
- Any laser treatments within 3 months
- Any waxing or chemical depilatories within 2 weeks
- Use of Accutane within 1 year
- Use of products containing Retinol-A, Glycolic Acid, or AHA's over 10% within 4 weeks.

In addition, if you are under physical or mental stress, it is not a good time for a treatment.

For the first 24 hours after you have received your chemical peel, please adhere to the following:

- Sleep on your back if possible
- A fresh, clean pillow case should be used
- Shower with caution
- Avoid extensive exercise, sun or tanning beds, swimming pools and any hot water including saunas, Jacuzzis and hot tubs
- Avoid chemical hair treatments such as hair color or perming
- Delay application of make-up on peeled area.

Most people who undergo this kind of service have only a little redness for 12 to 24 hours. Occasionally, they may have very slight flaking in a few localized areas for 1 to 2 days. In rare instances, an area of crusting may develop. If this occurs, apply Polysporin. **It is extremely important that you do not pick, scratch, peel, scrape, pull or rub your skin during or after. Please avoid wearing tight headbands or hats as well.** If you do, you may damage the underlying new skin and cause scarring or changes in your pigmentation.

If despite these warnings you pick or rub your skin you may alter the results and your skin care professional may elect not to perform any further treatments on you if there is doubt that you will follow instructions exactly.

Please no waxing, microdermabrasion, or other exfoliation treatments for the duration of your Chemical Peel treatment series and up to 2 weeks after your last treatment.

Use only the post peel products recommended by your skin care professional for 3 to 4 days following your treatment, then return to your regular skin care regime. If these products are not available apply a bland moisturizer to your skin as often as needed. Do not apply any medications or glycolic acid products during this time or your skin may become irritated. **Be sure to use a sunscreen daily.**

It will be your responsibility to follow this advice since you will be caring for your skin at home and your signed consent form is your promise to us that you will do so.

Please realize that these warnings are for your protection. The motto in this office is "if you are not sure if you should do something or don't understand the directions, call the office before you do anything!" We never think that any of your questions are foolish or silly.



CONSENT FORM FOR PROFESSIONAL EXFOLIATING PEEL

Thoroughly read this consent form. Initial each section and sign and date the bottom. If you have any questions, discuss them with your skin care professional.

I have reviewed the CHEMICAL PEEL CAUTIONS AND POST TREATMENT INFORMATION form with my skin care professional. I do not have any conditions that would prevent or require a doctor's consent to have a Professional Exfoliating Peel. I have reviewed the conditions that may suggest a reaction or slow healing and I am aware of this possibility. I have signed and dated the Medical Form.

I acknowledge the possibility of an allergic reaction, and that neither the Product Line for Professional Exfoliating Peels used at this clinic nor my skin care professional are responsible for such a reaction or any medical care that may be required in the unlikely event of such a reaction.

I acknowledge that the use of home care glycolic products for a minimum of two weeks and a Professional Exfoliating Peel patch test do not necessarily negate the possibility of an adverse or allergic reaction

I understand 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 skin care professional if any crusted areas form or if my skin does not look and feel normal within 3 to 4 days.

I understand that my skin may look red or darker, rough, and or dry for several days following the Professional Exfoliating Peel as the outer layer is sloughed off.

I understand that I should avoid direct sun exposure and or tanning beds for the duration of my treatments and for at least 2 weeks after my last treatment. I must protect my skin with a Full Spectrum UVA/UVB SPF 30.

I understand that I could potentially feel a slight tingling, burning or prickling sensation during the treatment and immediately following the procedure, this will gradually subside.

I am undergoing this Professional Exfoliating Peel in an effort to improve my skin texture and color. I understand I could 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. My skin care professional has explained to me that I may need several treatments to achieve the best results.

I understand the above, and under these conditions, give my consent to have a Professional Exfoliating Peel performed.

Client Signature _____

Date _____

Parent Signature (Under 18) _____

Date _____



CHECK LIST FOR PROFESSIONAL CHEMICAL PEEL

Client's Name _____

YES

Has the client signed the medical form and the consent form?

Have photographs been taken?

Has the client gone over and received a copy of the Pre/Post Information Form?

Do you have a signed copy of the Pre/Post Information Form in the file?

Does the client have any unanswered questions about the treatment?

Has the client received a "Post Peel" product kit and instructions for use?

Remind the client for the first 24 hours:

- Sleep on back (on a clean pillow case)
- Shower with caution and avoid saunas and hot tubs
- Minimize facial expressions
- No excessive exercising
- No picking
- Avoid sunlight
- Avoid chemical hair services
- Call if they have any questions or concerns

YOU MUST BE ABLE TO TICK "YES" ON EVERYTHING BEFORE YOU CAN PROCEED

Date _____ Technician's Signature _____