

# Chemical Peel

## CONSENT & WAIVER

A licensed Aesthetician of **Beyond Beauty Medical Aesthetics** 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.

*Please Initial:*

- I have received an instruction sheet as to how to care for my skin prior to and following the procedure, and I 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, be unsuccessful, or need to be repeated; or I may require additional treatment of complications.
- I understand my responsibility for properly fulfilling the appropriate aftercare instructions as explained by my Aesthetician. I hereby release and hold harmless my Aesthetician, **Beyond Beauty Medical Aesthetics**, and/or their suppliers from any consequence resulting from my failure to properly fulfill such aftercare instructions.
- Since multiple treatments may be required, this consent continues for all subsequent treatments by **Beyond Beauty Medical Aesthetics** 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 **Beyond Beauty Medical Aesthetics** 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 lines and wrinkles as well, but no guarantee has been made to me regarding my level of improvement from this peel. My Medical Provider has explained to me that I may need a few of these peels to achieve optimal results.

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*Please initial:*

I understand and am willing to comply with all the pre- and post-care instructions. This procedure has been explained to me and my questions regarding such treatment, its alternative, its complications, and its 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. I request that this procedure be performed on my by my Medical Provider at **Beyond Beauty Medical Aesthetics**.

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 all documents and understand their contents. I hereby give my unrestricted informed consent for the procedure.

PATIENT NAME (PRINTED)

PATIENT SIGNATURE

DATE

MEDICAL PROVIDER NAME

MEDICAL PROVIDER SIGNATURE

DATE