



Date

Chemical Peel/Enzyme Consent

Name

DOB

AGE

Address

Phone

Occupation

Email

1. _____ I agree that I am over the age of 18, am NOT under the influence of alcohol or drugs, am NOT pregnant or nursing and desire to receive the chemical peel or enzyme treatment.
2. _____ I understand that an acidic solution or enzyme will be applied to peel away my skin's outer damaged layers. With this treatment, I may experience discomfort, burning, itching, tingling, and stinging.
3. _____ I have been informed of the nature, risks, and possible complications and consequences of a chemical peel/enzymes. I understand the chemical peel or enzyme treatment may have known or unknown complications including but not limited to: infection, scarring, photosensitivity, inconsistent color and pigment changes, redness, mild swelling, skin sensitivity, and allergic reaction.
4. _____ I understand the contraindications to receiving a chemical peel or enzyme treatment including pregnancy, breastfeeding, herpes simplex virus, extensive sun or tanning within 3 days of treatment, Accutane usage during the last 12 months, usage of topical retinol products within 14 days, received a wax within the last 7 days, any other chemical peel treatment within 14 days before and after, and an allergy to aspirin. I agree that I do not have any of the above contraindications listed.
5. _____ I give permission to the technician to perform the (check one) _____ chemical peel or _____ enzyme treatment on me.
6. _____ I request the procedure and accept the permanence of the procedure as well as the possible complications and consequences of said procedure.
7. Choose one: I consent _____ (initial) or waive _____ (initial) the patch test.
8. _____ I understand I must discontinue all oral and topical medications used at least 14 days prior and 14 days post procedure and should consult my physician before discontinuing use for the chemical peel or enzyme treatment.
9. _____ I have received pre- and post care instructions and I will strictly adhere to such instructions. I understand that my failure to properly follow pre and post care instructions may compromise my procedure.
10. _____ I understand this procedure may be uncomfortable or slightly painful while being performed.

Signature

Date