



CHEMICAL PEELS

Client Consent-Chemical Peels

I, _____, have read the below information and initialed each section to indicate that I fully understand what to expect.

I give permission to Deborah Bonjouklian, LE, to perform the chemical treatment we have discussed and will hold her harmless from any liability that may result from this treatment. _____ (client initials)

I understand Deborah will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. _____

I do understand that, very rarely, permanent damage occurs. _____

I have given an accurate account of any over-the-counter or prescription medications that I use regularly, and I am not presently using (nor have I used within the last year) isotretinoin (Accutane), Retin-A, Differin, Acyclovir or tranquilizers. _____

I have not had any facial surgical procedures, piercings, tattoos, permanent cosmetics, or other chemical peels or skin treatments that I have not disclosed. _____

I am presently not pregnant or lactating and I am over the age of eighteen (18). _____

I have not had any recent radioactive or chemotherapy treatments. I have not recently waxed or used a depilatory on the area to be treated. _____

I do not have a history of keloidal scarring, diabetes, any auto immune disease, active herpes blisters, or any other existing condition. _____

It has been explained to me that the treated area will be more sensitive to the sun as a result of the treatment and will require regular use of sunscreen. _____

I understand that this procedure is expected to make the skin feel uncomfortable while being applied, but agree to make Deborah aware I have concerns or am overly uncomfortable during treatment of after I return home. _____

I will be responsible for following recommendations for home care that can minimize or eliminate possible negative reactions. _____

I have been informed of the possible negative reactions (intense erythema, welts, scabs) and the expected sequence of healing process (dryness, irritation, redness, and peeling of the skin. _____

I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration. I agree that this constitutes full disclosure, and that it supersedes and previous verbal or written disclosures.

Client Signature: _____ Date: _____