



CHEMICAL PEEL CONSENT FORM

Name: _____ Date of Treatment: _____

Superficial chemical peels are customized topical exfoliants applied to the skin for a variety of skin concerns. They help restore the skin to a more youthful, smooth, and beautiful appearance.

- Do not use prescriptive or over-the-counter topical exfoliants or abrasive scrubs 3 to 5 days pre- and 7 days post-treatment. (Includes Retin-A, retinols, AHAs, BHAs, etc.) If you are prone to cold sores, contact your physician for a treatment prescription and use prior to your chemical peel as directed.
- No prolonged sun exposure 2 weeks pre- or post-treatment.
- Sun protection of at least SPF 30 is to be worn daily, with hourly reapplication if outdoors.
- Aerobic exercise or vigorous physical activity should be avoided for the first 48 hours.
- I understand that following treatment my skin may appear red and feel like it has a mild sunburn.
- I agree to care for my skin post-treatment in the manner suggested by my esthetician.
 - Cleanse with water or a mild soap substitute.
 - Gently moisturize 3 times a day until flaking/peeling ends.
- After 2-4 days, significant flaking and/or peeling may occur.
- DO NOT peel, rub, or pick at your skin at any time. This WILL cause damage, compromise your results, as well as possibly cause scarring.
- The treatment has been explained to me, and my questions and concerns have been addressed.
- I acknowledge that no guarantee has been given to me as to the condition of the complexion, skin pore size, wrinkles, or the percentage of improvement expected following treatment, due to each individual's unique reactions.
- In the event you have additional questions or concerns, contact your esthetician.

Medications currently used: _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND THEREBY CONSENT AND AGREE TO RECEIVE A CHEMICAL PEEL WITH ITS ASSOCIATED RISKS.

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____