



**Chemical Peels consent**

**Contraindications: Please read and initial the following**

- ★ I am not pregnant or breastfeeding \_\_\_\_\_
- ★ I have told my clinician my ingredient allergies and/or skin sensitivities \_\_\_\_\_
- ★ I have not used Accutane in the last 6 months \_\_\_\_\_
- ★ I do not have any open wounds, sunburns, infected skin, or cold sores on the treatment site \_\_\_\_\_
- ★ I have not recently been waxed, had electrolysis, or had my eyebrows microbladed (or powder brows) \_\_\_\_\_
- ★ I am not undergoing chemotherapy or radiation \_\_\_\_\_
- ★ I do not have any autoimmune diseases or any conditions that weaken the immune system \_\_\_\_\_
- ★ I am not allergic to aspirin \_\_\_\_\_
- ★ I have not had any filler, botox, laser, or skin care treatments in the last 4 weeks \_\_\_\_\_
- ★ I have informed my clinician of my at home skin care routine and if I have used any exfoliating or retinol products on my face in the past 3 days \_\_\_\_\_

\_\_\_\_\_ I understand there might be some discomfort, such as stinging, heat, tightness, or burning during my treatment.

\_\_\_\_\_ I understand that there is no specific guarantee as to the final results of the peel, and that I may require more than one treatment to obtain optimal results.

\_\_\_\_\_ I understand that while complications are extremely rare, they may occur. In the event of a reaction or complication, I agree to immediately contact the clinician that performed the treatment.

\_\_\_\_\_ I understand that I may not actually peel and that each case is individual. I understand that the amount of peeling does not correlate with the degree of improvement.

\_\_\_\_\_ I understand that extended direct sun exposure is prohibited while I am undergoing treatment, and the daily use of SPF is mandatory.

\_\_\_\_\_ I agree to refrain from the use of tanning beds.

\_\_\_\_\_ I have not had any other chemical peel of any other kind within 14 days of this treatment, Whether it was performed here or at another location.

\_\_\_\_\_ I understand that my skin may purge (breakout).

**Client/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Esthetician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_