

MICRODERMABRASION / CHEMICAL PEEL CONSENT FORM

A Microdermabrasion / Chemical Peel is not a “cure all” treatment, but for appropriate conditions, it can give you marked improvement, It is important that you have a thorough understanding of what the treatment can and can't do for your particular condition.

I, _____ give my consent for _____ to perform a Microdermabrasion / Chemical Peel to treat the following conditions:

____ I understand that I am going to have a microdermabrasion / chemical peel treatment,

____ I understand that this is a superficial peel that normally creates at most, up to 4-7 days of mild redness and areas of flaking skin.

____ The peel program was explained to me in detail and I had the opportunity to ask questions.

_____ has explained to me what benefits I can realistically expect to see from the peel program.

____ I understand that the degree of improvement I can expect to see depends on many variables and therefore cannot be guaranteed.

____ I understand that strict adherence to the technician's instructions is necessary to ensure my best results.

____ I understand that the skin peel may produce a mild stinging or burning sensation immediately after the application, but it will stop.

____ I understand that the healing process of the peel will take about 4-7 days depending on my skin and the peel process used.

____ My skin may look darker in areas and that I will choose to go to work or take the time off until the peeling process is complete.

____ I have been honest in all the information that I have provided to the technician regarding my physical history.

____ I do not have a condition of herpes simplex (cold sores or fever blisters)

____ I do not have scarring or keloids of the skin.

____ Although complications are rare, they occur. Prompt recognition and treatment of any complication is necessary to decrease its potential danger. It is extremely important that I follow the instructions exactly and that I notify the facility if I have any of the following complications:

Skin Infections- usually appearing as a red tender area

Cold Sore – on the lips or face area

Allergic Reaction – excessive swelling or rash

Appearance of thick scars or keloids in the areas of my peel

Client Signature _____

Date _____

Technician _____

Date _____

patient treatment log

Treatment #: _____ Date: _____
Patient name: _____ Next scheduled treatment: _____
Area treated: face neck chest hands arms feet other _____ Scale of one to ten: 1 2 3 4 5 6 7 8 9 10
Comments: _____

Protocol: correct
cleanse

prep/degrease

treat

Complications: _____

Comments: _____

Signature: _____

face diagram

