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MEDICAL SPA & LASER CENTER

CONSENT FOR FRUIT ACID PEELS & BETA LIFT PEELS

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ACID PEELS ARE NOT A "CURE ALL" TREATMENT. HOWEVER, FOR CERTAIN SKIN CONDITIONS, ACID PEELS CAN PROVIDE MARKED IMPROVEMENT IN APPEARANCE OF ONE'S SKIN. THEREFORE, IT IS VERY IMPORTANT THAT YOU HAVE AN UNDERSTANDING OF WHAT ACID PEELS CAN AND CANNOT DO FOR YOUR PARTICULAR SKIN CONDITION. IN ADDITION, IT IS IMPERATIVE THAT YOU ACKNOWLEDGE THE POTENTIAL RISKS ASSOCIATED WITH ACID PEELS.

-BEFORE UNDERGOING AN ACID PEEL, CAREFULLY READ THE FOLLOWING STATEMENT. AFTER YOU HAVE READ EACH STATEMENT PLEASE INITIAL EACH RISK ACTIVE STATEMENT IN THE SPACE PROVIDED.

INITIAL_____ I UNDERSTAND THAT THE PRACTICE OF SKIN CARE IS NOT AN EXACT SCIENCE, AND THEREFORE RESULTS CANNOT BE GUARANTEED. I ACKNOWLEDGE THAT THERE IS NO GUARANTEE GIVEN TO ME AS A CONDITION OF MY SKIN OR DEGREE OF IMPROVEMENT EXPECTED FOLLOWING TREATMENT.

INITIAL_____ I UNDERSTAND THAT MULTIPLE TREATMENTS AND THE USE OF HOME CARE PRODUCTS ARE REQUIRED TO ACHIEVE OPTIMAL RESULTS. I WILL FOLLOW THE HOME CARE REGIMEN SPECIFICALLY DESIGNED FOR ME WITHOUT CHANGING OR ADDING ANY PRODUCTS. I UNDERSTAND THAT IF I EXPERIENCE ANY ADVERSE SIDE EFFECTS THAT APPEAR TO BE ATTRIBUTED TO MY USE OF HOME CARE PRODUCTS, I WILL DISCONTINUE THE USE OF THE PRODUCT AND NOTIFY THE OFFICE IMMEDIATELY.

INITIAL_____ I UNDERSTAND THAT FRUIT ACID PEEL AND BETA LIFT ACID PEELS NEED TO BE ADMINISTERED BY A MEDICAL PHYSICIAN. IT IS ALSO MY UNDERSTANDING THAT AN ESTHETICIAN, RN OR LPN MAY ADMINISTER FRUIT ACID PEELS AND BETA LIFT PEELS AFTER APPROPRIATE TRAINING.

INITIAL_____ I UNDERSTAND THAT THERE ARE POTENTIAL RISKS AND COMPLICATIONS THAT MAY REQUIRE FURTHER TREATMENT. THESE INCLUDE BUT ARE NOT LIMITED TO: DISCOMFORT, CHANGES IN PIGMENTATION, STINGING, BURNING, ITCHING, PEELING, INCREASE IN SKIN SENSITIVITY, ACNE FLARE, MILD SKIN DEHYDRATION, DRYNESS AND REDNESS.

INITIAL_____ I AGREE TO FOLLOW ALL POST-PEEL INSTRUCTIONS

INITIAL_____ I UNDERSTAND THAT THE INITIAL REDNESS AND WARM SENSATIONS WILL SUBSIDE. HOWEVER, APPROXIMATELY 2 TO FIVE DAYS POST PEEL, I MAY EXPERIENCE EXCESSIVE PEELING AND DRYNESS. ALSO, IT IS IMPORTANT NOT TO PICK AT FLAKING SKIN, AS DOING SO MAY RESULT IN SCARRING AND/OR SKIN DISCOLORATION.

INITIAL_____ I HEREBY DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT. I HAVE BEEN FULLY INFORMED REGARDING ASSOCIATED RISKS OF FRUIT ACID PEELS AND ALTERNATIVE TREATMENTS. ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

PATIENT SIGNATURE..... **DATE**.....

CLIENT NAME.....