***Chemical Peel Consent Form***

A chemical peel can be used to diminish the appearance of fine lines and wrinkles, improve texture/tone, reduce pore size, increase hydration and moisture retention, give skin smoother appearance, and diminish the appearance of hyperpigmentation. Layers of product are applied based on your unique skin composition and needs.

**Please read and initial each statement.**

\_\_\_\_\_\_\_\_ Multiple treatments are required in order to obtain optimal results spaced 2-6 weeks apart.

\_\_\_\_\_\_\_\_ Due to variables such as age, condition of your skin, sun damage, smoking, skin care products, climate, life-style, and general health, you acknowledge that there are no guarantees, warranties or assurance that you will be satisfied with your results.

**I am aware of the following risk/complications that may occur:**

\_\_\_\_\_\_\_\_ Mild to moderate discomfort or pain

\_\_\_\_\_\_\_\_ Slight redness or swelling

\_\_\_\_\_\_\_\_ Sun sensitivity

\_\_\_\_\_\_\_\_ Skin Sensitivity

\_\_\_\_\_\_\_\_ Pigment changes

\_\_\_\_\_\_\_\_ Scarring

\_\_\_\_\_\_\_\_ Allergic reaction

\_\_\_\_\_\_\_\_ Bacterial Infection

**Contraindications:**

1. Pregnancy/ Lactation
2. Herpes Simplex (cold sore or fever blisters). An anti-viral medication may be necessary prior to treatment.
3. Extensive sun or tanning 3 days prior and 3 days post treatment.
4. Accutane in the past 6 months to 1 year.
5. Topical retinol products in the past 2 weeks.
6. Retina Products in the past 2 weeks.
7. Waxing of area to be treated in the past 7 days.
8. Any other chemical peel within 14 days of treatment.
9. An allergy to aspirin
10. No workouts for 2 days.

I understand that the treatment may involve risk of complications or injury from both known and unknown causes, and I freely assume those risk. Prior to receiving treatment, I have been candid in revealing any conditions that may have bearing on this procedure.

I consent and authorize my Esthetician to perform one or more chemical peels on me. I certify that I have read this entire informed consent and I understand and agree to the information provided in theform. My questions regarding the procedure have been answered satisfactorily. I hereby release my Esthetician and Hired Hands Day Spa from all liabilities associated with this procedure. This consent is valid for all of my chemical peel treatments in the future as well.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Esthetician Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_