

CHEMICAL PEEL INFORMED CONSENT
Thomas M Dawes, Jr, MD – A Medical Corporation
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The information provided in this informed consent should be followed by all patients receiving a Chemical Peel treatment. You will be asked to sign this form acknowledging that you have read and understood all of the information presented.

PATIENTS WHO SHOULD NOT BE TREATED: patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, dermatitis or inflammatory rosacea in the area to be treated. Inform the staff if you have any history of herpes simplex. You should also not have a chemical peel treatment if you have a history of allergies, rashes, or other skin reactions, or may be sensitive to any of the components of this treatment. Most peels should not be performed on patients with an allergy to salicylates (i.e., aspirin). This peel is also not recommended if you have taken Accutane within the past year or received chemotherapy or radiation therapy and should not be administered to pregnant or breastfeeding (lactating) women.

TO ACHIEVE THE BEST RESULTS: A series of 6-8 chemical peels is recommended scheduled every 1-4 week(s). The type, strength and layers of peel will be based on your skin condition, skin type and your desired results.

ONE WEEK BEFORE YOUR PEEL: Avoid these products and/or procedures for one entire week prior to your chemical peel:

- Electrolysis
- Waxing
- Depilatory Creams
- Laser Hair Removal
- Sun Exposure
- Retin-A, Renova, Differin (Adapalene 0.1%), Tazorac or any product containing Retinol

TWO TO THREE DAYS BEFORE YOUR PEEL STOP USING:

- Any products containing AHA or BHA, or benzyl peroxide
- Any exfoliating products that may be drying or irritating

AFTER YOUR PEEL: It is crucial to the health of your skin and the success of your peel that these guidelines be followed:

1. **It is imperative that you use a full spectrum sunscreen with an SPF of at least 30 and avoid direct sunlight for at least 1 week.** Wearing a hat when outdoors is highly recommended.
2. Patients with hypersensitivity to the sun should take extra precautions to guard against exposure immediately following the procedure as they may be more sensitive following the peel.
3. Your skin may be more red than usual for 2-3 days. Please avoid strenuous exercise and high heat during this time. Sweating excessively after treatment can irritate the skin or cause blistering due to the sweat being unable to escape through the top layer of dead skin. Try to avoid sweating until after you have stopped peeling to avoid lifting the skin prematurely, as this can cause scarring.
4. Approximately 48 hours after the treatment, your skin may (or may not) start to peel. This peeling will generally last 2 to 5 days. **DO NOT PICK OR PULL THE SKIN.**
5. When washing your face, do not scrub. Use a gentle cleanser.
6. Apply a light moisturizer (emu oil works great!) as often as needed to relieve dryness and tightness. Keep your skin hydrated and moist!

7. Do not have any other facial treatments for a least one week after your peel.
8. You may resume the regular use of Retin-A, alpha-hydroxy acid (AHA), or bleaching creams only after the peeling process is complete.

ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR PEEL: It is common and expected that your skin will be red and possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having a Chemical Peel: skin breakout or acne, rash, dark spots, swelling, burning or infection. Call the office immediately if you have any unexpected problems after the procedure.

LACK OF EFFECT: Although most people experience peeling of their facial skin, not every patient notice visibly peeling after a Chemical Peel procedure. Lack of peeling is NOT an indication that the peel was unsuccessful. If you do not notice actual peeling, please know that you are still receiving all the benefits of the peel, such as: stimulation of collagen production, improvement of skin tone and texture, and diminishment of fine lines and pigmentation.

_____ (INIT) I understand that the Peel treatment is not an exact science and the degree of improvement is variable. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient and (depending on skin condition) a series of treatments is generally recommended for favorable improvement. **No refund will be given.**

_____ (INIT) I understand that occasionally there is no visible improvement and another form of treatment may be required.

_____ (INIT) I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section.

_____ (INIT) I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

_____ (INIT) I understand that any rescheduling must be done **48 working hours** before my treatment to avoid an office fee of \$50.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement in its entirety. All my questions have been answered to my satisfaction and I consent to the terms of this agreement. I understand that there are alternative methods of treatment (such as laser treatments) and I understand that I have the right to refuse treatment.

I release Dawes Family Medicine, Thomas M Dawes, Jr - AMD and all medical staff, from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient Name (Please Print): _____

Patient Signature: _____ **D.O.B** _____

Date: _____ **Time:** _____