

J K Laser Aesthetics Inc.

Informed Consent for Chemical Peel

Client's name: _____ Date: _____

Brief description of the procedure: The area(s) for treatment, usually the face, neck or décolletage is cleansed with an alcohol solution. The peel solution is carefully applied to the face avoiding the eyes and lips. The solution or gel is left on the skin for up to 3-5 minutes and then removed with cool water. A hydrolotion moisturizer is then applied.

I have read this form and I fully understand what to expect. If I have any questions or concerns, I will address them with my JK Laser Aesthetics therapist. I give permission to JK Laser Aesthetics to perform the chemical peel treatment we have discussed and will hold them harmless from any liability that may result from this treatment. I understand JK Laser Aesthetics will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I do understand that, very rarely, permanent damage may occur.

- I am not presently using isotretinoin, tretinoin topical, acyclovir or tranquilizers
- I have not had any facial surgical procedures, Botox, fillers, piercings, tattoos, permanent cosmetics, other chemical peels, or skin treatments that I have not disclosed
- I am not ingesting or using topically any other over-the-counter product or prescription medication/agent that has not been disclosed
- I am not presently pregnant or lactating
- I have not had any recent radioactive or chemotherapy treatments, or sunburn
- I have not recently waxed or used a depilatory (such as Nair) on the area to be treated
- I do not have a history of keloidal scarring, diabetes, auto immune disease, active herpes, or any other condition that may interfere with the outcome of this treatment

I understand that I should not have a chemical peel if I intend to continue to have excessive sun exposure. It has been explained to me that the treated area will be more sensitive to the sun because of the treatment and will require regular use of sunscreen.

My expectations are realistic and I understand that the results are not guaranteed and that for maximum results, more than one application may be required. The rate of improvement of my skin depends on my age, skin type and condition, degree of sun/environmental damage, pigmentation levels, or acne condition.

I understand that this procedure is expected to make the skin feel uncomfortable while being applied, but agree to inform the skin professional immediately if I have concerns or am overly uncomfortable during treatment or after I return home.

I agree that I am willing to follow recommendations of JK Laser Aesthetics for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my therapist and I acknowledge that I have been informed of the possible negative reactions (intense erythema, welts, scabs) and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin).

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ACKNOWLEDGMENT:

Photographs: I give permission for my photographs to be used to help document my treatment course. Complete confidentiality will be maintained.

I hereby permit J K Laser Aesthetics Inc to perform the chemical peel.

The procedure has been explained to me and the risks of the procedure have also been explained to me. I have been told that the procedure may not have the result that I expect. I am aware that I have not been given any guarantees about the results of this procedure. I have had enough time to discuss my condition and treatment and all my questions have been answered to my satisfaction. I believe I have enough information to make an informed decision and I agree to have the procedure.

Client/Guardian Print Name: _____

Client/Guardian Signature: _____ **Date**_____