



Informed Consent for Peel

I, _____, authorize _____ of Med Aesthetics Miami, to perform a chemical peel. The type of chemical peel will be determined by the specialist based on skin needs and analysis.

1. This process involves application to the affected area with a cotton swab, 2x2 gauze or small brush. Depending on the solution, it may be removed or left on after applying layers. The choice depends on the product strength, my skin type and conditions, my skin sensitivity, my age and whether I have had prior use of any exfoliating agent.
2. In order to receive maximum results, more than one application may be required, thus it may be recommended that the client participate in a series of treatments. The program is customized based on the advice of the specialists.
3. The rate of improvement depends on my age, skin type and condition, degree of sun/environmental damage, pigmentation levels or acne condition. I will follow pre- and/or post- peel instructions and maintain appointment schedules exactly as prescribed, including application of the home care and avoidance of future sun exposure.
4. I acknowledge that no guarantee has been made about the results of the procedure. Although it is impossible to list every potential risk and complication, I have been informed of some possible benefits, risks and complications, which may include, but are not limited to the following:
 - a. Softer, smoother skin
 - b. Reduction in the appearance of lines and wrinkles
 - c. Reduction in acne lesions
 - d. Swelling and redness
 - e. Scabbing or peeling of treated skin and surrounding areas
 - f. Prolonged skin sensitivity to wind and sun
 - g. Areas of persistent increased or decreased pigmentation

5. Any potential risks and complications could result in the need to discontinue treatment. In this case, alternative recommendations will be suggested. I understand that, very rarely, permanent damage occurs. I also agree to immediately inform the specialist if I have concerns, or am overly uncomfortable during treatment or after I return home.
6. I agree to inform the specialist when I introduce new medications and/or products during the course of treatment. I attest that I have had an opportunity to ask questions and have my questions answered to my satisfaction.

I certify that I am over the age of 18, that I am not pregnant or nursing, on Accutane, or taking any other contraindicated medications. I have read and will follow to the best of my ability any and all instructions. I understand the potential risks and complications, and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Agreed:

Client Signature _____

Aesthetician Signature _____

Date _____