CHEMICAL PEEL
Patient consent

Pro-Derm

◯ MR. ◯ MRS. ◯ MS. ◯ OTHER _____

FIRST NAME | LAST NAME

ADDRESS | CITY | PROVINCE | POSTAL CODE

DATE OF BIRTH | PHONE NO.

PERSON TO CONTACT IN CASE OF EMERGENCY | *PHONE NO.*

YOU SHOULD NOT GET A PEEL:

- If you suffer from one or more of the following skin conditions or diseases: cancer of the face, past or present, (including squamous cell carcinoma, basal cell carcinoma and melanoma), metastatic cancer, dermatological diseases of the face (e.g., porphyria), blood disorders or platelet abnormalities, or if you are undergoing any of the following treatments: chemotherapy, steroid treatments or anticoagulant treatments (e.g., warfarin)
- If you use: Retin-A, Renova, Differin, Tazorac or glycolic acid with a concentration above 5%
- If you are pregnant or planning to become pregnant
- If, in the past week, you have had facial hair removal using waxing, electrolysis or another laser procedure

Comments: _____

If you have concerns about any the above-mentioned conditions, feel free to ask questions.

POTENTIAL RISKS AND COMPLICATIONS

A chemical peel is among the safest skin rejuvenation procedures. However, this aesthetic procedure is not an exact science, and the degree of improvement can vary from person to person. I understand that, although I may notice a change after my first treatment, three to five sessions may be required to achieve the desired results.

I have been warned that, although complications resulting from a Pro-Derm peel are rare, they are possible, and the nature of these complications cannot be accurately predicted. Consequently, there is no guarantee, expressed or implied, that the treatment will have a successful outcome. Infections caused by bacterial contamination can occur if the post-peeling instructions are not followed.

The procedure and side effects, including other methods, and the advantages and disadvantages, have been explained to me.

I know that the results following a peel are not permanent and that the skin will deteriorate naturally over time.

This consent form is valid for five Pro-Derm peels, after which I may have to fill out a new form. I declare that I have read the information (or that the information has been read to me) and that I understand the consent form and its contents.

I have had the opportunity to ask questions about the procedure, including the risks and other methods, and I acknowledge that all of my questions about the procedure have been answered in a satisfactory manner.

This consent form is valid until it is revoked in writing, in full or in part, by me.

I consent to have _____ perform a Pro-Derm peel.

Patient's signature | Date