

CHEMICAL PEEL INFORMATION AND INFORMED CONSENT FORM

Patient Name _____ DOB _____

INTRODUCTION - This Chemical Peel Information and Informed Consent Form (“**Consent Form**”) has been prepared to help inform you about chemical peel treatment and is designed to make you aware of the nature of the treatment and its risks in advance so that you can make an informed decision about whether to undertake chemical peel treatment (the “**Procedure**” or “**Treatment**”). If you have any questions, concerns or do not understand the potential risks involved with the Treatment, please convey the same to a FACIAL TECHNIQUES LAURA FOSTER, LLC (“**Facial Techniques**”) representative as soon as they arise.

CHEMICAL PEEL INDICATIONS, CONTRAINDICATIONS, AND PROCEDURE – Chemical peel Treatments involve the topical application of mild exfoliating chemicals such as alpha hydroxy acids, trichloroacetic acid, and/or phenol acid to the facial skin to remove the damaged outer layer of skin. Chemical peels work by loosening then gently sloughing off the damaged and dead skin cells. This stimulates cell turnover and generally aids in the restoration of skin to a more youthful appearance, the management of acne, and a reduction of pigmentary disturbance, fine lines, and active scarring due to acne. Chemical peel Treatments are divided into three categories - superficial, medium, and deep - depending on the depth of the wound created by the peel. Factors that may affect the depth of a chemical peel include the acid concentration in the peeling agent, the number of coats applied, and the amount of time allowed before the acid is neutralized. Deeper peels generally result in more dramatic effects as well as higher risks such as increased pain and longer healing time. Healing times range from a 1 to 2 days (superficial), 2 weeks (medium), and 2 months or longer (deep). The ultimate result of Treatments vary from patient to patient and depend upon many factors including, but not limited to, genetics, medications, the depth, degree and intensity of pigmentation, skin tone, the patients age, sun exposure, skin’s laxity, severity of wrinkles and pores, observance of pre and post Treatment protocol, and desired level of correction. One or more Treatments may be required to obtain optimal patient results.

Facial Techniques will re-evaluate the treated area throughout your Treatment plan and at its conclusion to determine if additional Treatments are necessary to achieve realistic goals for your skin. The effects of Treatment are temporary and generally require regular maintenance Treatments (depending upon the category of Treatments received - superficial, medium, or deep) to maintain optimal results. Visible results may be realized following the initial Treatment, but optimal results will generally not take effect until the conclusion of a multi-session Treatment plan. Although reasonable results are expected under ideal circumstances, there is a possibility that a patient may not achieve his/her desired results or that he/she may not respond to Treatment at all.

Chemical peel Treatments are not recommended for those who:

- Are pregnant, could be pregnant, or is breastfeeding;
- Are currently undergoing or have had Accutane treatment within the past year and a half;
- Have a predisposition to keloid formation or excessive scarring or have suspicious lesions;

- Have used tetracycline, minocycline, doxycycline, or erythromycin within 1 month preceding Treatment;
- Have a history of vitiligo, scleroderma, collagen disorders, psoriasis, or keloid formation;
- Have had or currently have skin cancer and are undergoing radiation treatment;
- Have an active skin infection or skin disease in the treatment area;
- Have a history of disease which may be stimulated by heat, such as Herpes simplex in the treatment site;
- Have a tattoo or permanent makeup in the treatment area;
- Suffer from blood coagulopathy, excessive bleeding or bruising, or have a history of deep vein thrombosis;
- Are prone to allergic reaction;
- Use blood thinning agents (Coumadin, corticosteroids, aspirin or aspirin containing products, chronic use of NSAIDs);
- Have a heart condition or a family history of heart problems;
- Have recently undergone other facial resurfacing procedures or injections; or
- Have unrealistic expectations.

Prior to undergoing Treatment, you must inform Facial Techniques of all your medical conditions, both existing and past, and all medications you have recently taken or plan to take.

SIDE EFFECTS – It should be expected that the patient will experience some common side effect both during and after the Treatments. Those common, short-term side effects include, but are not limited to discomfort/pain, redness (erythema) and swelling (edema), crusting, scabbing, itching/dryness, increased skin sensitivity, burning (similar to a sunburn), blisters, increased sensitivity to the sun, peeling/flaking, acne or milia formation, and Herpes simplex (cold sores) reactivation may result in treated areas that have previously been infected with the virus. Most of the common, short-term side effects resolve themselves between a few days to a couple of months or more depending on the depth of the peel Treatment(s) and the patient’s adherence to pre and post Treatment care guidelines. Other less common side effects include, but are not limited to, bleeding, oozing of clear fluid, crusting or scabbing from clear fluid or blood, blisters, burns, scarring which could lead to loss of pigment (“hypopigmentation) in the scarred area, and transient pigment changes such as hypopigmentation (lightening of the skin) and/or hyperpigmentation (darkening of the skin) at the Treatment site. In rare instances, the Treatments and resulting blisters, burns or lesions may result in infection of the wound. Should you experience signs of infection, consult your physician immediately. Furthermore, eye injuries may result from chemicals getting directly into the eyes. However, your eyes will be covered with protective goggles and should remain closed during the Treatments. The above-referenced list is not meant to be inclusive of all possible side effects, risks, and complications associated with Treatment as there are both known and unknown side effects associated with chemical peel skin resurfacing. It is imperative that patients adhere to all pre and post-Treatment guidelines in order to lessen the likelihood or severity of side effects and complications and to maximize results.

My signature below signifies that I am not pregnant or nursing and that I am not aware of any existing medical conditions which prohibits me from undergoing the Treatment. I also represent that I have informed Facial Techniques of all pertinent information concerning my medical history and medications.

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PHOTOGRAPHY – I hereby give my consent to have photographs taken of all treated sites before, during, and after Treatment for diagnostic purposes, to accurately document the medical record, for teaching purposes, and patient education. I agree that these photographs shall be the property of FACIAL TECHNIQUES LAURA FOSTER, LLC and may be utilized for any of the aforementioned purposes (both in and out of the clinic). It is specifically understood that I shall not be identified by name in the photographs and every reasonable effort will be made to conceal my identity.

CONSENT – In accord with Texas state law, you are being asked to sign this Consent which confirms that we have discussed your contemplated Treatment, the prospects for success, the potential risks and side effects, the reasonable therapeutic alternatives to the Treatment and the risks of such alternatives.

I understand that my consent and authorization for this Treatment is strictly voluntary. By signing this Consent Form, I hereby request and grant authority to qualified Facial Techniques personnel to perform this Treatment and/or to administer any related treatment as deemed necessary, advisable, and agreed upon. The nature and purpose of this Treatment, the contraindications, possible complications and side-effects, and alternative methods of treatment have been fully explained to my satisfaction. I further understand that the Treatment is not an exact science and that the possibility and nature of complications, side effects, and results vary from patient to patient and cannot be accurately anticipated. Therefore, **THERE ARE NO GUARANTEES AS TO RESULTS OR THE ABSENCE OF COMPLICATIONS OR SIDE EFFECTS.** Furthermore, I knowingly and intentionally release and discharge Facial Techniques, its current and former agents, assignees, employees, successors, assigns, owners, employees, managers, members, and legal representatives from any and all liability arising out of the Treatment, its related results, complications, and side effects.

I have read this Consent Form and certify that I understand its contents in their entirety. I have had sufficient time to consider the information provided by Facial Techniques and/or other literature and have been sufficiently advised to consent to this Treatment. I hereby, on my own volition, give my consent to undergo this Treatment.

I HEREBY UNDERSTAND AND CONSENT TO CHEMICAL PEEL TREATMENT ON THE BELOW DATE.

SIGNATURE _____ **DATE** _____