CHEMICAL PEEL INFORMATION AND CONSENT FOR TREATMENT

Name of Patient: ___________________________________________________________

Type of Chemical Peel: _______________________________________________________

1. Planned Treatment: No make-up, lipstick, or jewelry (especially necklaces or earrings) should be worn on the day of the procedure. If you have a history of cold sore, please inform the doctor before the procedure. No pain medication will be given. You may drive yourself home after the procedure.

2. Your skin will be prepared with a variety of cleansers and astringents by the nurse or medical assistant. Following that, a chemical will be applied to your face (or other body parts as indicated). You will experience a moderate burning sensation for 1-5 minutes until the acid is neutralized by itself or with water. The skin may be “frosted” or appear slightly white, or yellowish for up to 2 hours following the procedure. This typically lasts 10-15 minutes followed by a mild “blush”.

You may cleanse your skin very gently twice a day with sensitive cleanser and pat dry with a soft towel. The skin will begin to tighten and turn brown on the second day. By the third day, the skin should begin to peel. This will generally last for 5 – 10 days. Other body parts will take approximately 2 weeks before it is completely peeled.

3. While you are peeling we suggest the use of a good moisturizer such as: Dermal Repair from SkinMedica (which is available in our office), or a light layer of Petroleum Jelly, or Aquaphor, which can be purchase over the counter. These moisturizers or ointments can be applied as often as needed, but must be applied at least 2-3 times a day. Avoid the use of glycolic acid, Vitamin C cream, or Retin-A while you are peeling. Resume application of these products between 7 – 14 days following the procedure. Avoid rubbing or scratching of your skin and do not assist the peeling process by pulling off the skin with your fingers or tweezers; this prolongs the healing process.

4. Make-up can be applied when peeling is complete. Avoid sun exposure while you are peeling. A sunblock should be worn because your new skin is very sensitive and susceptible to injury. Ask about our SkinMedica Sunblock.

Risks and Complications: Complications could potentially occur with chemical peels, as they can occur with any other form of surgical treatment. Careful attention to the doctor’s instructions is imperative. Contact the office immediately if any of the following occur; Skin infection (pus, oozing, fever). Appearance of a cold sore on the lips or any portion of the peeled area (Note: the cold sore can spread if not cared for immediately.) Allergic reaction or irritation to any of the creams or medications. Wind or sun sensitivity. Extreme reactions such as scarring or keloids. Increase or decrease in skin pigmentation, which does not blend with normal skin after healing from the treatment.

Photography: I hereby give my permission to Dr. Christine Gilliam – and/or assistants to take photographs of all treated sites for diagnostic purposes and to accurately document the medical record in the usual and customary manner.

Consent for Treatment: I voluntarily request a chemical peel treatment by Dr. Christine Gilliam – and/or medical personnel under her supervision. This procedure has been explained to me and my questions regarding such treatment, its alternative, its complications and risks have been answered by the doctor, her staff and/or written information. The information that I have been given has been in terms clear to me and I understand the risks and complications of the treatments. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I have been informed of the available alternatives to chemical peelings, and of the potential risks and complications that may occur as a result of this treatment. I understand that services rendered are not refundable and that this consent form is good for all other subsequent chemical peel treatments.

____________________________________________________              ______________________________
Signature of Patient or Other Person Authorized to Sign                       Date

____________________________________________________
Signature of Witness