

## Patient Informed Consent Form for Cosmetic Peels

*We are pleased to provide you with cosmetic services during today's visit, however medical concerns require a separate, non-cosmetic appointment. If you do have a medical concern and time permits, we will do our best to accommodate those concerns. Please note, medical visits are subject to a copay/deductible depending on your insurance.*

Salicylic acid 30%, Glycolic acid 30%, Trichloroacetic acid 35%, {Circle appropriate peel(s)}

- I have been fully and completely informed of the procedure and the possible side effects including post-treatment erythema, post-inflammatory hyperpigmentation, and minimal risk of scarring;
- I understand and do not meet any of the exclusionary factors, including history of keloids, cold sores, or allergies to salicylic acids (or aspirin), glycolic acid, or trichloroacetic acid;
- I have informed my doctor if I have a history of cold sores so that I can be given Valtrex to prevent a flare. If I feel I am getting a cold sore post-treatment, I will contact the office immediately;
- I will comply with  $\geq 20\%$  zinc oxide and avoidance of sun exposure;
- I understand and agree with the benefits/risks/outcomes/suitability for the procedure, including post-inflammatory hyperpigmentation or a halo-effect when treating individual spots;
- I was given opportunity to ask questions and these questions were answered to complete satisfaction and understanding;
- I understand the effect and nature of the treatment as well as possible alternative treatments;
- I understand multiple treatments may be needed to achieve desired results;
- I have been advised that although good results are expected, the procedure is not guaranteed to be effective nor can there be any guaranteed against negative or unexpected outcomes;
- I understand that with sun exposures, I can have a recurrence of lentigines/freckles/sun spots or obtain new spots;
- I have not used Oral Isotretinoin within the past 6 months;
- I have not used topical retinoids, including Differin (Adapalene), Retin-A (Tretinoin), Renova (Tretinoin), or Tazorac (Tazorotene) within the past 10-15 days;
- I have not waxed my face or other areas to be treated 10-15 days prior to the treatment and will not wax face or other treated areas 10-15 days after the treatment.

I authorize the above referenced cosmetic peel.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_