

The Perfect Derma Informed Consent

The Perfect Derma Peel is a medium depth, medical grade chemical peel suitable for all skin types. The peel contains Trichloroacetic Acid (TCA), Retinoic Acid, Kojic Acid, Salicylic Acid, Phenol, Glutathione and Vitamin C.

Contraindications:

- Patients who are pregnant or breast feeding
- Patients with an allergy to any peel ingredient listed above or aspirin
- Patients who have used Accutane within the past 4 months
- Patients who have open wounds, sunburn, infected skin, cold sores or lesions. Patients with a history of cold sores (herpes simplex) may be given an antiviral 3 days prior to peel
- Patients who have recently had treatments such as waxing, electrolysis or chemical exfoliants
- Patients who are undergoing chemotherapy and/or radiation therapy
- Patients with a history of an autoimmune disease or any condition that may weaken the immune system

Please read and initial the following:

____ Prior to receiving treatment, I have disclosed any medications or health conditions that may contraindicate this treatment.

____ I understand that there might be some discomfort such as stinging, redness, burning, itchiness or tightness during and a week after the treatment. I understand that it is important not to pull, pick at or remove peeling skin forcibly.

____ I understand that there is no specific guarantee as to the final results of the peel and that I may require more than one treatment for optimal results.

____ I understand that while complications are extremely rare, they may occur. In the event of a reaction or complication, I agree to immediately contact the office for follow up care.

____ Occasionally hyper-pigmentation or hypo-pigmentation may develop which can persist for weeks or months after treatment.

____ I understand that post peel care includes use of the Post Peel Towelettes and a SPF 30 or higher and strict avoidance of sun exposure during the exfoliation process.

____ I understand that extended sun exposure, including use of tanning beds, is prohibited both before and after The Perfect Derma Peel treatment. Avoid sweating excessively or use of steam/sauna for 3 days post peel.

By my signature below, I certify that I have read and fully understand the contents of this Informed Consent and that the disclosures referred to herein were made to me.

Signature Of Patient

Print Name

Date

Signature of Witness

Print Name

Date