

Ann's Serenity Day Spa & Salon
Chemical Face Peel Consent Form

All of this information is strictly confidential for Ann's Serenity Day Spa & Salon only, and is to help us better serve you, thank you!

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Birthday: _____ Profession: _____ Referred by: _____
Email Address: _____

Please initial each paragraph after reading. If you have any questions, please ask your practitioner BEFORE initialing.

I have been informed that I have the following condition(s): _____

The procedure(s) to treat my condition(s) has/have been described as: _____

- _____ 1. Chemical face peel is a process by which certain chemicals are applied to the skin of the face in an attempt to improve the appearance of lines, wrinkles, skin blemishes, and certain other localized cosmetic skin conditions.
- _____ 2. During the face peeling process I will experience some discomfort and swelling, and my face will be covered with a crust which will usually separate within one to two weeks.
- _____ 3. My skin may have a reddish appearance which may persist for several weeks or longer, and at the junction of treated and untreated areas there may be a different color or blotching of the pigmentation and changed texture of the skin may persist.
- _____ 4. Scarring may occur which may result in permanent disfigurement.
- _____ 5. Chemical face peel will not stop the aging process, and further treatment may be necessary, depending upon aesthetic and cosmetic conditions.
- _____ 6. Other: _____
- _____ 7. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective re-treatment may be required in spite of the care provided.
- _____ 8. I have had an opportunity to discuss my past medical and social history, including drug and alcohol use, with my doctor and have provided full information. I recognize that withholding information may jeopardize the planned goals of treatment.
- _____ 9. I agree to cooperate fully with my practitioner's recommendations while under treatment, realizing that my lack of cooperation can result in a less-than-optimal result.

I confirm that the information above is correct. It is my responsibility to communicate to my technician any concerns that I may have pertaining to my service. I hereby authorize Ann's Serenity Day Spa & Salon to perform a Chemical Face Peel and I understand there may be possible side effects or complications as a result of receiving such services.

Signature: _____ Date: _____

Parent or guardian if under 18 years old: _____