



# Chirally Corrective Peel Consent

Please initial the following paragraphs:

\_\_\_\_\_ I have completed the Client's Profile form **accurately**.

\_\_\_\_\_ I have been candid in revealing any condition that could prohibit this treatment such as cold sores, pregnancy, and use of hormones, recent facial surgery or laser resurfacing, recent use of **Retin A** or use of **Accutane** within the last twelve months.

\_\_\_\_\_ I understand that there are no guaranteed results from this treatment. Many variables such as age, sun damage, ongoing sun exposure, smoking, excessive alcohol intake, climate, diet and water intake, skin thickness and sensitivity. I understand that I may or may not peel and that each case is individual.

\_\_\_\_\_ Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the peel and accept sole responsibility for any medical care that may become necessary. I will immediately contact the Esthetician performing the treatment of any adverse reactions.

\_\_\_\_\_ **I will not scratch, pick, pull at or abrade the treated skin.**

\_\_\_\_\_ I understand that direct sun exposure and use of a tanning booth is **prohibited** during this treatment time, and that **a mandatory use** of a minimum SPF 15 **sun protection daily**.

\_\_\_\_\_ I understand that **to achieve maximum results** the recommended home care routine must be followed. I understand that if I alter the routine or use products not recommended by the skin care professional the results could be altered or inhibited. I also understand that **it may take several treatments** to obtain the desired results.

\_\_\_\_\_ I understand that the following **side effects** or **complications** can occur:

1. Discomfort
2. Redness and swelling
3. Hypopigmentation
4. Itching or irritation
5. Skin peeling or flaking up to 14 days after the procedure
6. Infection
7. Scarring
8. Hyperpigmentation
9. Acne Breakouts

\_\_\_\_\_ I understand the goals of the treatment as well as the limitations and possible complications.

\_\_\_\_\_ The technician has provided the information and has answered all my questions concerning this procedure. I clearly understand the above information.

\_\_\_\_\_ Cost of per treatment \$ \_\_\_\_\_ , or a series of \_\_\_\_ at \$ \_\_\_\_\_

Client's name	Client's signature	Date
Esthetician's signature		Date