



THE PERFECT DERMA™

A chemical peel, RX

The Perfect Derma Peel Consent Form

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 to 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 the 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 informed my medical professional about any medications or health conditions that may contraindicate this treatment.

____ I understand that there might be some discomfort such as stinging, redness, burning, swelling, 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 my medical professional for follow up care.

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

____ I understand that post peel care includes use of MDSolarSciences Mineral Creme SPF 30 or an SPF 30 or above and avoid 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.

____ I understand that this is an elective procedure and is non refundable.

____ I understand that no other chemical peels or medical device treatments are to be performed on my skin until my medical professional releases me to do so.

Patient signature _____ Date _____

Medical Professional _____ Date _____

