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## CHEMICAL PEEL CONSENT

This form is designed to give you the information you need to make an informed choice on whether or not to undergo a chemical peel. If you have any questions, please do not hesitate to ask.

While a chemical peel is effective in most cases, no guarantee can be made that a specific patient will benefit from treatment.

I understand that this treatment:

- causes a burning sensation that will last one to several minutes.
- may need to be done more than once, depending upon skin type and the nature of my skin condition.

At an early stage treatment, the site of the peel will undergo the following stages:

1. The skin will feel tight for 1-3 days after the application of the solution. It will darken on the second day or early on the third day, and then will start to peel. The peeling will be completed in 2-3 more days. When deeper peels are necessary, the peeling cycle may last 1-2 weeks. Swelling, particularly around the eyes, also takes place with deeper-level peels. Cool, dry compresses help reduce the swelling.
2. The skin may feel dry and itchy; a mild stinging sensation may also be present. Adherence to the home care instructions should ease any discomfort, which usually subsides when the peel is completed.
3. The deeper the peel, the more time is needed for healing-up to 2-3 weeks.

YOU SHOULD NOT USE A CHEMICAL PEEL IF:

- You are currently taking Accutane or have done so within the past twelve months
- You are pregnant or nursing
- You have a sexually transmitted disease such as herpes, HIV/AIDS, or a similar condition
- You have a tendency to form keloid scars
- You are undergoing cancer treatments, including chemotherapy and/or radiation
- You have been treated with a hair-removal system in the past two days

DO NOT USE A CHEMICAL PEEL IF YOU HAVE ANY OF THE FOLLOWING:

Skin Allergies, Sunburn, Broken Skin, Skin Grafts, Open Wounds/Lesions, Recent Surgery, Inflamed Skin

**PARENT/LEGAL GUARDIAN OF MINORS:** I HEREBY CONSENT THAT THE PROVIDERS OF MAGNOLIA MEDICAL SKIN & AESTHETICS PERFORM CHEMICAL PEELS SEPARATE FROM AND DURING CLINICAL ACNE TREATMENTS ON MY CHILD WITHOUT ME PRESENT AT APPOINTMENTS.

Printed Name of Patient \_\_\_\_\_

Date \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_