

Clinical Office AHA/ BHA Consent

I, _____ give consent to _____ or a designated staff member, to perform AHA/BHA peel treatments.

The in-office program and at-home instructions have been explained to me clearly. Although I am pursuing this program with the goal of healthier-looking skin, I understand that it is possible to have a poor reaction, or less than expected improvement in my skin. I have been informed that it is this practitioner's wish that if I am not achieving my desired results, or if I experience a negative reaction to the treatment or products, I will contact the office and inform them of this reaction.

I understand internal chemistry; hormones, hormone therapy, medications and stress can directly effect my treatments. I understand an increased sensitivity and reaction to treatments or products may be a result, and will inform office of any changes in any of these areas prior to each treatment.

I understand that during the in-office peel treatment I may experience some burning, tingling, or itching. It has been explained that this feeling usually will not persist after an adequate neutralizing of the peel treatment, but I will inform the staff if I do feel uncomfortable after treatment has been neutralized. I will not leave the office until I feel positive that this problem has been addressed by an appropriate staff member.

I also understand that, infrequently, a small scab or blister may develop (most likely over a pre-existing skin lesion, such as acne or a scaly patch). If this happens it should not result in any permanent marks on my face, so long as I do not tamper with the spot. (I know that scarring can result from manipulation by the patient of any type of skin lesion). If any scabs, blisters, cold sores or other negative reactions occur, I will immediately contact this office.

____ I consent to having my photograph taken before, during and after treatment. Although my name will not be associated with these photographs, they may be used to educate other clients. (I have initialed the blank line to show my consent to this portion of the form).

Client Name (Please Print)

(Signature)

Date _____