

PATIENT CONSENT FORM Chemical Peel (Glow Up Facial)

Each chemical peel treatment is customized depending on the patient's skin type and specific problems. I am aware that a chemical solution is used to treat the problem and that different peels may be required to target different problems.

The duration of the chemical left on the skin varies from person to person, anywhere from a few seconds up to 15 minutes.

During the healing process, new cells and collagen are stimulated leaving the skin looking smoother, tighter and more radiant.

Treatment Information – Post treatment you may experience the following:

Superficial to Medium Peels

- Mild redness, mild sensitivity, peeling on cellular level

Intensive Peels

- Redness, frosting, peeling, discomfort/pain, blistering, pigment changes and rarely some superficial scarring.

In order to protect the skin and maintain the results from the treatment, I have been advised to wear a mineral sun block minimum of 30 SPF daily.

A member of the 1Clinic Aesthetics Team has thoroughly discussed the chemical peel treatments with me. I am aware that in order to achieve the best results, a series of 4-6 peels, on average one peel every two weeks, is recommended.

I agree to inform 1Clinic Aesthetics of any changes to my health and if I become pregnant.

I acknowledge that I am obligated to follow the instructions closely. I have had my questions answered to my satisfaction and realize that there is no guarantee of results. I agree to pay the fees associated with this treatment.

Signature: _____

Date _____

Witness Signature: _____