

In HIS Image Day Spa, LLC

CHEMICAL PEEL / VI Peel CONSENT FORM

I have asked to have the procedure known as a Chemical Peel performed by aesthetic medical staff of Renewed Image, GA. I understand: that the peel is not a "cure all" for all of my skin problems, and I have had the opportunity to ask questions about the risks and benefits of a peel and all my questions have been answered to my satisfaction.

_____ I understand that there is a risk of bacterial infection after the peel and have been told how to best prevent this.

_____ I understand that there is a risk of scarring both from the peeling agent and any resulting infection and how to take steps to prevent this.

_____ I understand that a cold sore or herpes infection during the healing phase of the peel can cause a severe infection with possible scarring and I have been counseled and/or pre-medicated to prevent or lessen this possibility.

_____ I understand that sun exposure, even a small amount, can have an adverse effect on the outcome of the peel and I will avoid direct sun exposure as long as I can after the peel.

_____ I understand to keep my eyes closed during the procedure to prevent accidental spillage of the peeling agent into my eyes. Such an event can cause a severe corneal ulceration and may require treatment by an eye specialist.

_____ I consent to having my photograph taken before and after the procedure for documentation and educational purposes

_____ I understand that this is an outpatient procedure, performed in an outpatient setting. Some stinging and pain will occur during the peel and will last up to several minutes.

_____ I understand that if I am a cigarette smoker, that all the risks involved with the procedure are increased and that my healing time will be prolonged.

_____ I understand that there is a chance for an allergic reaction to medications used before or after the peel.

_____ I understand that I may have a prolonged sensitivity to extremes in temperature, wind and the sun in the peeled areas

_____ I will follow all instructions as exactly as outlined.

_____ I recognize that the practice of medicine and therefore the performance of this procedure is not an exact science, and acknowledge that no guarantees or assurances have been made to me concerning the results of this procedure.

Signed _____ Date _____

Print name _____

Physician/Witness Signature _____ Date _____