



Professional Medical Spa
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CHEMICAL PEEL INFORMED CONSENT

Background

A chemical peel is designed to improve the texture and appearance of your skin. Chemical peels and other skin treatments have been performed for many years to treat a variety of skin disorders. Many skin conditions can be improved when receiving a series of peels. Fine lines will be softened, dull skin will appear more radiant, rough or uneven skin will become smoother. Sun damaged skin or blotchy skin will even out. Acne scarring may be softened. A chemical solution is used to exfoliate away the skin's damaged outer layers. The new cells and collagen are stimulated during the healing process to produce a smoother, tighter, younger looking skin surface. A peel does not eliminate sagging or excess skin. Each treatment is customized for patient skin type, specific problem areas and the delicate areas of the face. The first two days after the peel, patients will have pinkness of the skin, giving it a "rosy" glow. The skin will feel tight for two to three days, then it will begin to peel or flake which continues for seven to 10 days. It is important that during this time, patients minimize sun exposure and wear protective sunscreen every day.

Risks and Complications

This list is not meant to be inclusive of all possible risks and complications associated with chemical peels as there are both known and unknown side effects associated with any medication or procedure. The possible side effects of a chemical peel include but are not limited to:

1. Post-treatment discomfort, irritation, itching, drying, flaking, stinging, pain, tenderness, swelling, redness, bleeding, bruising, and discoloration. Usually this resolves during healing, but in rare situations it may be chronic.
2. Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Allergic reaction to the chemical. Asthma, hay fever, eczema, or a history of multiple allergies may increase this risk.
4. Re-activation of herpes (cold-sores). This can be minimized with the use of anti-viral medications.
5. Wind or sun sensitivity; sun may increase the possibility of swelling and redness.
6. Extreme reactions, such as scarring or keloids.

Alternative Treatments

Alternative forms of management include not treating the skin with peeling agents or other medications. Improvement of skin lesions and skin wrinkles may be accomplished by other treatments such as dermabrasion, laser treatment, or surgery to tighten loose skin. Risks and potential complications are associated with alternative forms of treatment.

Photographs

Clinical photographs and their use for shall be used for the patient's medical record and for scientific purposes both in publications and in presentations. The patient's identity will always be protected.

Contraindications

A chemical peel should not be used on patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, dermatitis or inflammatory rosacea in the area to be treated. Inform your medical professional if you have any history of herpes simplex.

Chemical peels should not be performed on those with a history of allergies, rashes, or other skin reactions, or anyone who may be sensitive to any of the components of this treatment. A chemical peel should not be performed on patients with an allergy to salicylates (i.e., aspirin).

A chemical peel is also not recommended if you have taken Accutane within the past year, or received chemotherapy or radiation therapy. Patients should not take Accutane for at least six months after the procedure.

Chemical peels should not be administered to pregnant or breastfeeding (lactating) women.

Patients who currently smoke or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure.

Results

There is no guarantee, warranty, or assurance of results of any treatment. Clinical results vary from patient to patient. Multiple treatments or additional touch ups may be necessary to achieve desired results. Treatments generally last for six to 12 months.

Payment

Payment is due at the time of treatment. All services rendered are charged directly to the patient and the patient is personally responsible for payment. In the event of non-payment, the patient will bear the cost of collection, and/or court cost and reasonable legal fees, should this be required. Touch-ups may be required and payment is required for touch-ups. The regular charge applies to all subsequent treatments. Prices are subject to change without notice. No refunds will be given for treatments received.

Consent

By signing below, I acknowledge that I have read the foregoing informed consent, I understand it, and I agree to the treatment with its associated risks and complications. The procedure has been explained to me and my questions have been answered satisfactorily. I understand that this is an elective procedure and that I have the right to refuse treatment. I am undergoing this peel in an effort to improve my skin texture and color. I understand that the results of this treatment vary according to age, condition of skin, sun damage, smoking, climate, and other factors. I have read and I understand the risks and complications associated with this procedure as stated above; I am willing to accept these risks. I understand that multiple treatments may be necessary to achieve desired results and the degree of clinical improvement that is observed after chemical peeling is variable, as medical treatment is not an exact science. I have read and I understand the contraindications to a chemical peel as stated above. I certify that none of these contraindications applies to me. I certify that if I have any change in my medical history I will notify my doctor immediately. I authorize clinical photographs to be taken for my medical record and for scientific purposes both in publications and presentations and that my identity will be protected. I understand that this procedure is cosmetic and that payment is my responsibility. I agree to adhere to all safety precautions and regulations during the treatment. I will follow all pre-care and aftercare instructions carefully as they are crucial I do so for healing and for prevention of adverse effects. I hereby voluntarily consent to the current and subsequent chemical peel treatments with the above understood. I hereby release Dr. Alex Eshaghian, the person performing the chemical peel, and Alex Eshaghian Medical Corporation from liability associated with this procedure.

Patient Name (print)

Patient Signature

Date

Witness Name (print)

Witness Signature

Date