



CHEMICAL PEEL CONSENT FORM (AHA)

The Chemical Peel procedure has been thoroughly explained. I realize that no promises or guarantees have been made. I understand that the treatment may be repeated several times to achieve complete satisfaction. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Chemical Peel treatments.

A chemical solution is used to peel away the skin's damaged outer layers. 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 depth of the peel is dependent on the concentration and type of acid, the duration of contact, and a person's skin type and sensitivity.

I understand the procedure will include:

- The peeling agent is applied evenly to the skin surface
- The agent is rapidly neutralized after several minutes with another solution
- I may experience some stinging, redness, irritation and crusting
- Some temporary flaking or scaling, redness and dryness of the skin as new cells immerge

I have been given the following information:

- I may immediately return to normal activities
- Use After Care products as instructed to keep the skin clean and moist
- Begin a regular program of sunscreens and sun protection

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am a competent adult at least 18 years of age. I understand that if I am a minor under the age of 18, the consent of my parent or legal guardian will be required before treatment. This consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

I authorize taking of pictures before and after the injections. I consent to their use for instructional, scientific, and educational and research purposes. However, these photographs will not identify me by name and my name will not be revealed without my specific written consent.

I acknowledge that I am obligated to follow Kamala Aesthetics Medical and Laser Associates instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form

I agree to pay \$_____ for the first treatment, and \$_____ for each treatment thereafter; or \$_____ for a ____ visit treatment package.

Signature: _____ Date _____

Guardian Signature: _____

Staff Signature: _____