

## Peel Procedure Informed Consent Form (sample)

I, \_\_\_\_\_, consent to the treatment known as a glycolic acid chemical peel. The treatment has been explained to me, and I have had the opportunity to ask questions. I understand that the procedure may cause swelling of my face or \_\_\_\_\_ (body site treated) that may be uncomfortable. The procedure may cause my skin to appear red and peel like a sunburn. During and after the procedure, the following may be experienced: stinging, itching, burning, mild pain, tightness, peeling and scabbing of the superficial layers of the skin. These sensations will gradually diminish over the course of a week as the skin returns to its normal appearance. However, some patients may react differently. For example, in severe cases the skin may turn very red, blister, swell, and later scab and crust. The skin may be uncomfortable and look like a very bad sunburn. The peeling usually last about three to seven days, although it may last longer.

I understand that there is a risk (although small) of developing a temporary or permanent pigment (color) change in the skin. There is a small incidence of the reactivation of 'cold sores' (herpes infections) in patients with a prior history of herpes. There is also a small incidence of a flare of acne-like lesions after the peel. There is a rare incidence of scarring and infection. I have been given a copy of the post-glycolic acid peel instructions and have reviewed them.

(optional)

I understand that photographs may be taken and agree to waive ownership of these photographs, and allow the physician or agents of the physician to copyright, publish, or use these photographs in conjunction with presenting case study results.

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Patient's Signature (or Guardian)

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Date

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Patient's Name (please print)

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Witness

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Date