

MIDWEST INTEGRATIVE HEALTH LLC

MIH - Chemical Peel Consent Form

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You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

Informed Consent:

PURPOSE: Chemical Peels range from very superficial to deep skin treatments and are designed to improve the texture and appearance of your skin.

PATIENTS WHO SHOULD NOT BE TREATED:

- 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 the esthetician if you have any history of herpes simplex.
- Patients with a history of allergies (especially allergies to salicylates like aspirin), rashes, or other skin reactions, or those who may be sensitive to any of the components in this treatment.
- Patients who have taken Accutane within the past year.
- Patients who are pregnant or breastfeeding (lactating).
- Patients who have received chemotherapy or radiation therapy.
- Patients with vitiligo.
- Patients with a history of an autoimmune disease (such as rheumatoid arthritis, psoriasis, lupus, multiple sclerosis, etc.) or any condition that may weaken their immune system.

ONE WEEK BEFORE YOUR CHEMICAL PEEL AVOID THESE PRODUCTS AND/OR PROCEDURES:

- Electrolysis
- Waxing.
- Depilatory Creams.
- Laser Hair Removal.
- Patients who have had BOTOX® injections should wait until the full effect of their treatment is seen before receiving a Chemical Peel.

TWO TO THREE DAYS BEFORE YOUR CHEMICAL PEEL AVOID THESE PRODUCTS AND/OR PROCEDURES:

- Retin-A®, Renova®, Differin®, Tazorac®.
- Any products containing retinol, alpha -hydroxy acid (AHA) or beta-hydroxy acid (BHA), or benzoyl peroxide.
- Any exfoliating products that may be drying or irritating.
- Patients who have had medical cosmetic facial treatments or procedures (e.g. laser therapy, surgical procedures, cosmetic filler, microdermabrasion, etc) should wait until skin sensitivity completely resolves before receiving a SkinMedica Peel.

Note: The use of these products/treatments prior to your peel may increase skin sensitivity and cause a stronger reaction.

ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR CHEMICAL PEEL:

It is common and expected that your skin will be red, possibly itchy and/or irritated. It is also possible that other adverse experiences (side effects) may occur. Although rare, the following adverse experiences have been reported by patients after having a Chemical Peel: skin breakout or acne, rash, swelling, and burning.

Consent:

I voluntarily request that my practitioner perform the Medical Strength Peel procedure. I acknowledge having been informed that this cosmetic procedure is intended to remove surface layers of the skin to improve the vitality of the skin.

Medical strength peels, despite their high levels of efficacy and safety, are not free of side effects. Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last up to seven days or longer. Irritation, itching, and/or mild burning sensation or pain similar to a sunburn may occur within 48 hours of treatment.

Pigmentary changes such as hyperpigmentation and hypopigmentation of the skin in the treated areas can occasionally occur. Mostly it is transient, lasting up to six months, but in rare cases, it can be permanent. These pigmentary changes may occur despite appropriate protection from the sun so it is important to use sunscreen of SPF 25 or greater when exposed to the sun. I understand complications can include whiteheads, cold sores, infection, scarring, numbness, and permanent discoloration, particularly in people with dark skin.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for the desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

I have read and understood the Pre and Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post-procedure guidelines are crucial for healing, prevention of scarring, and other side effects and complications such as hyperpigmentation, hypopigmentation, and other skin textural changes.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND TH CHEMICAL PEEL CONSENT FORM MIDWEST INTEGRATIVE HEALTH, LLC, AND THAT I AM SIGNING THIS FORM VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Date