**ITHACA MEDICAL AESTHETICS**

Refresh \* Restore \* Rejuvenate

**Dana Gabriela Negoi, Physician, PLLC 107 N. Cayuga St., Ste 7 (607) 603-7002**

**Chemical Peel Consent Form for Treatment From**

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to have a chemical peel. This disclosure is not to alarm you but to better inform you so that you may withhold your consent for this treatment.

I have requested Dana Gabriela Negoi, Physician, PLLCto attempt to improve the appearance of my skin using a chemical peel.

The practice of medicine is not an exact science and no guarantees can be or have been made concerning the expected results.

Proper skin evaluation by your skin care professional prior to your peel is important and will help predict the outcome of your peel.

The most common side effects include oozing, redness, post-inflammatory hyperpigmentation, permanent hypopigmentation, scarring.

**PATIENTS WHO SHOULD NOT BE TREATED**:

• Patients with active cold sores or warts, skin with open wounds, sunburn, excessively sensitive skin, healing problems, dermatitis or
inflammatory rosacea in the area to be treated. Inform your practitioner if you have any history these or 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 or Psoriasis (consult with the practitioner first)

• 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 PEEL AVOID THESE PRODUCTS AND/OR PROCEDURES:**

• Electrolysis

• Waxing

• Depilatory Creams

• Laser Hair Removal

• Patients who have had neurotoxin injections should wait until full effect of their treatment is seen before receiving a chemical peel.

**TWO TO THREE DAYS BEFORE YOUR 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 the peel.

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

**ADVERSE EXPERIENCES THAT MAY OCCUR AFTER YOUR 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 **Peel**: skin breakout or acne, rash, swelling, and burning. These can be temporary or permanent. Burns, ulcers, Scars and other complications are unlikely but can occur and can be temporary or permanent.

**Call the office immediately if you have any unexpected problems after the procedure.**

**Please read and initial the following:**

I do not have any of the conditions described in the “Patients Who Should Not Be Treated” section. ​​​​**INITIAL\_\_\_\_\_**

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the post-treatment instructions, and will follow these instructions. **INITIAL\_\_\_\_\_​​**

I understand that the actual degree of improvement cannot be predicted or guaranteed.​**INITIAL\_\_\_\_\_**

I understand that I may need several of these peels to achieve optimal results.​ **INITIAL\_\_\_\_\_**

I understand that the results may be temporary. **INITIAL\_\_\_\_\_​​**

I understand that for optimum results the post-peel instructions must be followed utilizing skin care products recommended by the practitioner. **​​​​​​​​​​INITIAL\_\_\_\_\_**

I understand the warning signs of problems and know to call the office immediately.​**INITIAL\_\_\_\_\_​​**

I will avoid picking and sun exposure and will use moisturizer with sun-screen following procedure. **INITIAL\_\_\_\_\_​​**

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission. **INITIAL\_\_\_\_\_​​**

By my signature below, I acknowledge that I have read this Consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction.

If I have any questions or problems after treatment, I will call Dana Gabriela Negoi, Physician, PLLC. I have been provided with their contact information.

**Patient Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**