



Medical Peel: Patient Consent for Treatment

A. Purpose and Background

- Medical peels have been performed for many years to treat a variety of skin conditions such as sun damage, wrinkling, uneven pigmentation, and acne. Increased cell turnover and collagen stimulation are seen during and after the healing process to produce a smoother, brighter, more youthful appearance to the treated skin.

B. Procedure

- Medical peels consists of using acid solutions to lift and remove the skin's damaged outermost layers. Each treatment is customized for patient skin type and specific problem areas. The depth of the peel is dependent on the concentration and type of acid; the duration of the peel contact with the skin; and baseline skin type and sensitivity. An effective peel may only produce a light flaking and not prolonged peeling. It is impossible to pre-determine how much peeling will occur, but the process usually begins within 2-3 days and subsides within 1 week. A series of medical peels at biweekly or monthly intervals is usually required for best results.

C. Risks/Discomfort

- I understand that there is a possibility that my skin will be red, itchy and/or irritated. Although rare, the following adverse side effects have been reported and may be permanent, including: skin breakout, acne flare up, dark spots, swelling, blisters and burning. I agree if I have any concerns regarding my medical peel treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.

D. Benefits

- Medical peels are generally quick and relatively comfortable. Medical Peels are effective in rejuvenating and reducing sun damage; age spots; sun spots; fine lines and wrinkles and acne of the skin. Medical peels improve and smooth the texture of your facial skin by removing the damaged outer layers. After the top layer of skin is peeled away, new, fresh skin regenerates to diminish imperfections. Minimal to no downtime is associated with medical peels and treatments can be repeated as often as necessary to keep skin looking fresh.

E. Alternatives

- Medical Peels are strictly a voluntary cosmetic procedure; no treatment is necessary or required. A medical peel does not eliminate sagging or excess skin and is not meant to be a substitute for surgical lifting. Alternative treatments may include but are not limited to microdermabrasion, laser resurfacing, or doing nothing at all.

F. Photography

- I understand that clinical photographs are an essential component of my medical record. Photography is required by VanderVeer Center, before, during, and after treatments.

G. Consent to Procedure

- Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, on the results that may be obtained. I understand that to achieve maximum results, I must adhere to the protocol prescribed by VanderVeer Center. My full participation in the skin

care treatments will determine the outcome. VanderVeer Center's treatment schedule and post-op regimen is designed to maximize the results of the procedure. If for any reason the schedule cannot be adhered to, I understand results could be affected and additional treatments may be necessary to achieve optimal results. The number of treatments needed vary per patient and may be affected by the following factors, including but not limited to: degree of skin irregularity, sun exposure, patient age, skin conditions, medical history, medications, and lifestyle choices such as smoking and sun exposure.

- I have provided my complete medical history and medications, including any changes.
- I understand that pregnancy is a contraindication for treatment. I am not currently pregnant or nursing.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. I understand that VanderVeer Center recommends Volante® Skincare (available in our office), to enhance the results of my medical peel treatment.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

I elect to proceed with the Medical Peel Treatment.

Patient Name: _____ **Date:** _____

Patient Signature: _____

Provider Signature: _____