



Chemical Peel Consent Form

Name: _____

Date: _____

Phone Number: _____ Email Address: _____

I, _____ (print name), give consent to the service provider at Healing Elements Day Spa to preform a Chemical Peel service.

I have not received any recent cosmetic surgery's, laser resurfacing, chemical peels or microdermabrasion in the past two weeks.

I have not received any injections, fillers or Botox.

I do not have any allergies to milk, aspirin, sugar cane, willow bark, winter-green and/or sweet birch.

I am not pregnant.

I do not have hyper pigment tendencies.

I do not have inflamed acne, rosacea or infectious diseases.

I do not have any sunburn or irritated skin.

I am not on any photosensitizing medication.

After a chemical peel you may experience some redness, peeling, dryness, sensitivity, hyperpigmentation, irritation and possible breakouts. Make sure to wear SPF for 7-14 days after your chemical peel service. Do not tan, pull on any dead skin, exfoliate, use any benzoyl peroxide, glycolic acid or retinal cream for 24-48 hours after you receive your chemical peel.

If you have any concerns please let the service provider know before you start your service.

Signature

Date