



ORTHOMED CLINIC AND SUPPLY

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CONSENT TO CHEMICAL PEEL TREATMENT

Date: _____

I, _____ (*patient's name*) authorize Orthomed Clinic and Supply and its practitioners/stuff members to perform chemical peel treatment on me. I understand that the procedure is purely elective.

Type of Chem. Peel: **AHA** **TCA** **Phenol** **Other** _____

I hereby request the above named practitioner and/or their associates to perform a cosmetic procedure known as chemical peel. This procedure has been explained to me and I understand its nature and consequences.

1. I understand that a "superficial chemical peel" may be useful in improving the appearance of the complexion, may reduce the appearance of fine lines and wrinkles, as well as diminish discoloration. I understand it may cause swelling or puffiness on the area treated that may be uncomfortable. The procedure may cause my skin to appear red and peel like a sunburn.

INITIALS _____

2. 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 unusual and 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 lasts about three to seven days, although it may last longer. Because these peels are superficial there is no downtime. I understand that anytime the skin barrier is compromised, there is a small risk of infection. I will contact my beauty therapist immediately should this happen. I understand that following the treatment my skin may appear red and feel like it has a slight sunburn. Possible side effects include and are not limited to: slight or extreme redness, swelling, stinging, itchy, tenderness, dry or flaking skin. I UNDERSTAND THAT I AM NOT TO PICK THE FLAKING SKIN AS THIS COULD CAUSE UNWANTED PIGMENTATION. Most side effects will gradually diminish over time as healing may take several days or longer.

INITIALS _____

3. I understand that there is a small risk 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 the slight possibility of scarring and/or infection. I understand I should not "pick" at any scabbing that may result, to minimize the potential of scarring or infection.

INITIALS _____

4. Not to use prescriptive topicals, abrasive scrubs or stronger exfoliants 3-5 days pre and post treatments.
o no prolonged sun exposure 2 weeks prior to or 2 weeks post treatments.
o sun protection of at least SPF 15 will be worn whenever outdoors and re-applied frequently.

o I am currently not taking or using any medications that are contraindicated to receiving a chemical peel. i.e. ACCUTANE

I understand that every procedure involves certain risks and possibilities of complications such as bleeding, infection, poor healing, etc and that these and other complications may follow even when the practitioner uses the utmost care, judgment and skill. These risks have been explained to me in detail:

- While a certain amount of improvement is anticipated, the exact amount of improvement to the skin cannot be accurately predicted.
- That there will be swelling and discomfort following the procedure and the chemically burned area will have a scab which will separate within five to ten days and leave a red area on the skin.
- Chemical peeling agents can permanently lighten the natural colour of your skin. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. Permanent darkening of skin has occurred after chemical peels. A line of demarcation between normal skin and skin treated with chemical peeling can occur. Redness after a chemical peel may persist for unacceptably long periods of time.
- Infection is unusual. Bacterial and viral infections can occur. If you have a history of Herpes simplex virus infections around the mouth, it is possible that an infection could recur following a chemical peel. Specific medications can be prescribed prior to the skin peeling procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.
- That the skin so treated by the chemical burn will be sensitive to hot or cold water and sunlight for several weeks. Excessive sunlight to the area must be avoided for three months or more.
- That the area of chemical peel may scar.

- Chemical peel of other skin treatments may not completely improve or prevent future skin wrinkling. Neither technique can reverse the signs of skin ageing. Additional procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program after a chemical peel procedure.

INITIALS _____

I have an understanding of the operation which includes but is not limited the above items. I understand that secondary revisions may be required in some cases.

I recognize that, during the course of the operation, unforeseen conditions may necessitate additional or different procedures than those outlined. I, therefore, further authorize and request that the above-named practitioner or his/her assistants perform such procedures as are, in his or her professional judgment, necessary and desirable. The authority granted under this Paragraph 4 shall extend to remedying conditions that are not known to or could not reasonably be anticipated by the practitioner at the time the treatment commenced. I am aware that the practice of aesthetics is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the procedure; nor are there any guarantees against unfavorable results.

I consent to be photographed before, during and after the procedure; that these photographs shall be the property of the above practitioner and may be used as they deem proper for scientific and educational purposes.

I agree to keep the above practitioner informed of any change of address, and I agree to cooperate with them in my care after procedure until completely discharged. I agree to follow all post-chemical peel instructions.

Risks and Complications

Complications could potentially occur with chemical peels, as they can occur with any other form of treatment. Contact the office immediately if any of the following occur;

- Skin infection (pus, oozing, fever)
- Appearance of a cold sore on the lips or any portion of the peeled area. (Note: the cold sore can spread if not cared for immediately.)
- Allergic reaction or irritation to any of the creams or medications.
- Wind or sun sensitivity
- Extreme reactions such as scarring or keloids
- Increase or decrease in skin pigmentation which does not blend with normal skin after healing from the treatment.

I voluntarily request a chemical peel treatment by _____, or any of the medical personnel under her supervision at _____. This procedure has been explained to me and my questions regarding such treatment, its alternative, its complications and risks have been answered by staff, and/or written information. The information that I have been given has been in terms clear to me and I understand the risks and complications of the treatments. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure.

Before and after treatment instructions have been discussed with me. I have read and understand the attached exclusionary criteria. The procedure as well as potential benefits and risks have been explained to my satisfaction. 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 hyper pigmentation, hypo pigmentation, and other skin textural changes. I have had all questions answered. I freely consent to proposed treatment.

No guarantee, warranty, or assurance as been made to me as to the results that may be obtained. 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 understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I release Orthomed Clinic and Supply, medical staff, and specific technicians from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This Consent Form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Note: All prices are subject to change without prior notice. This is to confirm that I do NOT consent to reveal/release my file and all confidential information pertaining to my treatments and any related services to any third party.

Patient's Name (please print)

Patient's Signature