

Growing Younger Clinic

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Facial Peel Consent / Microdermabrasion

Facial peels (hereinafter “clinical procedures”) and microdermabrasion can provide marked improvement in the appearance of one’s skin for certain conditions. It is not, however, a “cure all” procedure. Therefore, it is very important that you have a thorough understanding of what these clinical procedures can and cannot do for your particular skin condition. In addition, it is imperative that you acknowledge the potential risks associated with clinical procedures.

Before subjecting yourself to any clinical procedures, read carefully the following statements. After you have read each statement, please initial each respective statement in the space that has been provided.

_____ The clinical procedure has been explained to me in detail by the physician and/or members of the physician’s staff.

_____ I understand that the clinical procedure is a skin rejuvenation treatment and that I may need several administrations of clinical procedures in order to receive my best results.

_____ I understand that for optimum results, a home treatment program is needed to enhance the results of clinical procedures.

Discomfort: This is usually minimal and of short duration.

Swelling: This is very unusual, but if it occurs it will be minimal and subsides in a few hours to a few days.

Reddening: A red discoloration may persist anywhere from a few days to several weeks.

Demarcation: Refers to the difference in color, texture or pigmentation that may occur at the junction between the treated and non-treated skin areas.

Existing Blemishes: Moles, blood vessels (telangiectasias), freckles and sunspots may become more obvious and darker since the superficial layers of dead skin have been removed.

Eye Injury: If chemicals get into the eye, scarring and vision disturbances may occur. Protective safety glasses should be worn while chemicals are being used during the clinical procedure.

Scarring: Is very unusual, but may occur.

Pigmentation: Although extremely rare, temporary and possibly permanent changes in the color of the skin may occur.

Milia: May occur, but will disappear quickly.

Infection: Is extremely unlikely, but may occur. An outbreak of Herpes may occur in affected individuals (ask your doctor about an antiviral medication if you are prone to cold sores).

Hair Growth: If the dermaplaning phase of the peel is administered, hair is expected to grow back blunt ended. New hair will not appear darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern and cause a darker and denser restoration process.

General:

Any and all risks and complications can result in additional surgery, hospitalization, time off from work and expenses to you.

- Should one or more of the foregoing complications arise, please notify the office immediately.
- Early detection and treatment may minimize the extent of a complication and future problems.
- The foregoing list is not intended to be a complete or exhaustive list of all possible complications which may arise as a result of clinical procedures.
- The physician will be glad to detail less likely complications or problems.

_____ I understand that clinical procedures need not be administered by a physician. It is also my understanding that, in addition to receiving formal training, any non-physician medical assistants (i.e., RN, LPN, physician assistant, ARNP, cosmetologist or aesthetician) who administers clinical procedures has had his/her skills reviewed and endorsed by the supervising physician.

_____ I understand that it is extremely important to strictly follow all homecare instructions when striving for optimal results.

_____ I understand that if I experience any adverse side effects that appear to be attributable to my use of homecare products, I would discontinue use of the products immediately and notify the office.

I certify that I have read and understand ALL of the above. I have also been offered an opportunity to discuss same with a physician.

Patient Signature

Date

Witness

Date