Dr. Peter Bray
COSMETIC PLASTIC SURGEON

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Medical Peel Consent

Superficial chemical peels are topical exfoliants applied to the skin to soften the dead skin layer and exfoliate the skin. Stimulating cell turnover will help to restore the skin to a more youthful appearance. Many skin conditions can be improved when receiving a series of peels. Fine lines will be softened, dull skin will appear more radiant, rough or uneven skin will become smoother, sun damaged skin and hyper pigmentation may lighten and even out, acne scarring may soften, pores will appear smaller. Because peels are superficial there is minimal to no downtime.

I understand that following my treatment my skin may appear red and feel like it has a mild sunburn. I understand that some peels require me leaving the office with the peel on my skin, leaving it shiny and orange in color. I understand that possible side effects include and are not limited to slight or extreme redness, swelling, stinging, itchy, dry or flaky skin. I understand that anytime the skin barrier is compromised, there is a small risk of infection. Most side effects will gradually diminish over time as healing may take several days.

This treatment has been fully explained and my questions have been answered.

I acknowledge that no guarantee has been given to me as to the condition of the complexion, pore size, fine lines or percentage of improvement expected following treatment, due to each individual's reactions. A minimum of 4 treatments is recommended for optimal results.

Please review and acknowledge the contraindications for your medical peel so we can safely proceed with your treatment:

- I am not presently taking nor have I taken oral Accutane in the past 12 months
- I have not used topical retinoid in the past 5-7 days (retin-A, Differin, Tazorac, retinol)
- I do not have an allergy to aspirin
- I do not have any active cold sore
- I have not waxed, bleached, or had electrolysis in the past week in the area to be treated
- I have not had injectables in the past 2 weeks in the area to be treated
- I have not had laser hair removal in the past 2 weeks in the area to be treated
- I am not pregnant or nursing
- I will avoid sun exposure and wear sunscreen during and after my treatment

By signing below, I acknowledge that I have read the above information and thereby consent and agree to treatment:

Patient Signature: _____ Date: _____

Healthcare Provider: _____ Date: _____