

Dr Neofytou Yiannis
Ιατρός Δερματολόγος
Βασιλέως Κωνσταντίνου 6, 8021
Πάφος
Τηλ/Φαξ: 26950303

Dermatologist
6, Vas. Konstantinou, 8021
Paphos
Tel/Fax: 26950303

Chemical Peel Consent Form

This form is designed to provide with information for making an informed decision regarding your chemical peel. If you have any questions, please do not hesitate to ask a member of our medical or nursing staff. While a chemical peel (or series of mild acid treatments) is effective in most cases, no guarantee can be made that a specific individual will benefit from the treatment.

The following can be expected after undergoing a chemical peel:

- Immediate pinkness of the skin, giving it a “rosy” glow for the first 2 days.
- Tight feeling of the skin for 2-3 days.
- Possible darkening of the skin on the 2nd day or 3rd day.
- Peeling or flaking of the skin starting on the day 3 or 5, which can continue for 7-10 days (this depends on the strength of the peel).
- Swelling, particularly around the eyes, after stronger peel (minimized with ice packs).
- Dryness and itching of the skin (treated by using special creams prescribed for you).

POSSIBLE COMPLICATIONS

Complications could potentially occur with chemical peels, as they can occur with any other form of surgical treatment. Careful attention to the doctor’s instructions is imperative.

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 other portion of the peeled area (Note: the cold sore can spread if not cared for immediately!).
- Allergic reaction, acne, or irritation to any of the creams or medications.
- Wind or sun sensitivity; sun may increase the possibility of swelling and redness.
- Extreme reactions, such as scarring or keloids.
- Increase or decrease in skin pigmentation, which does not blend with normal skin after healing from treatment.

PATIENT CONSENT

The Physician/Skin Care Specialist/or another trained professional has explained to me the possible complications from the proposed chemical peel and I have had sufficient opportunity to ask questions. I understand that the chemical peel treatment causes a burning sensation that will last several minutes. Multiple peels may be necessary to achieve the desired results, especially with “light” chemical peels, depending on my skin type and the nature of my skin problem. The degree of clinical improvement that is observed after chemical peeling is variable, as medical treatment is not an exact science. After receiving and understanding in full all the information presented above, I freely give my consent to undergo the chemical peel procedure. I also consent to the taking of medical photographs to track my treatment progress. I understand that this procedure is cosmetic and that payment is my responsibility. My questions have been answered by the doctor and her staff to my complete satisfaction. I accept the risks and complications of the procedure.

Patient signature _____

Date _____

Witness Signature _____

Date _____