



CHEMICAL PEEL

CLIENT CONSENT FORM

Treatment Explanation: A chemical peel is a cosmetic procedure that involves the application of a chemical solution to the skin, which helps to exfoliate and improve its texture, reduce the appearance of wrinkles, fine lines, acne scars, hyperpigmentation, and uneven skin tone. The treatment may cause temporary redness, stinging, peeling, and increased sensitivity.

Consent and Acknowledgment: I have been fully informed about the chemical peel treatment, including its purpose, benefits, and potential risks. I understand that the treatment is elective and that there are alternative treatments available. I acknowledge that no guarantees or warranties have been made regarding the results of the treatment.

I understand that the chemical peel involves the use of chemicals that may cause a mild to moderate tingling or burning sensation during the application. There may be temporary redness, swelling, peeling, crusting, or discoloration of the skin. In rare cases, there may be pigmentation changes, scarring, or infection. I agree to inform the esthetician immediately if I experience any unusual or adverse reactions during or after the treatment.

Please check the circle and sign below to confirm your understanding:

- I understand the importance of following the post-treatment instructions provided by the esthetician, which may include avoiding sun exposure, excessive heat, picking or scratching the treated area, and following a recommended skincare routine.
- I acknowledge that multiple sessions may be required to achieve desired results and that the frequency and strength of future treatments will be determined based on my skin's response and individual goals.
- I release the esthetician and the salon from any liability regarding any complications, issues, or dissatisfaction that may arise from the chemical peel treatment.

CLIENT NAME (PRINTED)

CLIENT NAME (SIGNATURE):

DATE:

ESTHETICIAN (PRINTED):

ESTHETICIAN (SIGNATURE):

DATE: