



Light Chemical Peel Consent

I, _____ give permission to the Capstone Medical Spa Licensed Medical Esthetician _____ to perform only the discussed clinical skin care management involving Light Chemical Peel. I understand the Medical Esthetician will take every precaution to minimize or eliminate negative reactions such as, burns, scars, or allergic reactions. I have given an accurate account of medications and am not presently pregnant, using Accutane (within the last year), and have stopped using any topical medications (ie Retin-A, Avage, Renova) for a period of 5 days prior to the treatment. I agree to follow the Home Car Protocol and will not use any topical medications for 5-7 days post treatment. I acknowledge that I have been informed of the possible negative reactions (erythma and edema) and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin).

Patient

Signature: _____

Date: _____