



TCA Peel Consent

I, _____ give permission to the Capstone Medical Spa Licensed Medical Esthetician _____ to perform only the discussed clinical skin care management involving Trichloroacetic 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 Care Protocol and will not use any topical medications for 10 days post treatment. I acknowledge that I have been informed of the possible negative reactions (erythema and edema) and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin).

IT MUST BE UNDERSTOOD THAT THE PEELS APPLIED TO THE SKIN ARE EXPECTED TO MAKE THE SKIN FEEL UNCOMFORTABLE WHILE BEING APPLIED. The expected reactions are: Stinging, heat, and itching. All of the above named reactions are normal and will not last long. Every individual has a different tolerance level and your Licensed Medical Esthetician will carefully observe and treat you in the safest manner possible.

Patient
Signature: _____

Date: _____