

Consent form for Chemical Peeling

I named aged yrs, have been advised to undergo Chemical Peeling for my skin condition

I hereby give my consent after being explained about the procedure by Dr.
..... I also state that I have understood the following information :

1. I am aware that chemical peeling is a cosmetic procedure and I have been involved in decision making about the choice of treatment.
2. I have used Pigment reduction cream for the last 3 weeks prior to the procedure.
3. I am aware that acid will be used for chemical peeling.
4. I am aware that the procedure will be performed in increasing concentration of acid : from 20-70% (glycolic acid)10-35% (trichloroacetic acid)
5. I am also aware that several peels may be necessary for desirable results.
6. I have been informed that I may experience mild burning or redness for few days after procedure.
 - a) To use sun blocks regularly for 2-3 days.
 - b) To avoid irritants, Soaps for 2-3 days.
 - c) To avoid sun light for 2-3 weeks
 - d) To use hydrocortisone cream if erythema is persisting.
 - e) To use tab Cetrizine if burning is persisting.
 - f) To start hydrocortisone cream once erythema subsides.
7. I am aware that improvements may take may few weeks to occur and that I may need further follow-up.
8. I aware that pigmentation is a common side effect, which may happen if the above precautions are not followed.
9. I have been informed that the procedure should preferably be avoided if I have to attend any family function within next one week.

I have fully understood the above information after reading it/being translated the same by I hereby given consent for Dr.
..... to perform the procedure and other medical services that may become necessary during the procedure. The consent form has been signed by when I was not under the influence of any drugs. I hereby give consent to take my photographs which will not be used for publicity.

Signature of the patient /-

Signature of the Doctor /-