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Patient Consent For Chemical Peels

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to have a chemical peel. This disclosure is not to alarm you but to better inform you so that you may withhold your consent for this treatment.

I have requested Dr. Happe Medical Aesthetics to attempt to improve the appearance of my skin using a chemical peel.

The practice of medicine is not an exact science and no guarantees can be or have been made concerning the expected results.

The most common side effects include oozing, redness, post-inflammatory hyperpigmentation, permanent hypopigmentation, scarring.

I will avoid picking and sun exposure and will use moisturizer with sun-screen following procedure.

I understand that the results may be temporary.

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the post-treatment instructions, and will follow these instructions.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

I understand the procedure and accept the risks and request that this procedure be performed on me.

Possible side-effects of the chemical peel have been discussed with me, and I have no further questions.

All services and products are non-refundable.

Signature _____

Print Name _____

Date _____