

Level 2 Chemical Peel (Medium-Depth) Treatment Consent

CLIENT INFORMATION

Client Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Date of Treatment: _____

TREATMENT OVERVIEW

A Level 2 Chemical Peel is a **medium-depth resurfacing treatment** utilizing professional-grade exfoliating solutions (such as Trichloroacetic Acid (TCA) or Jessner-type formulations).

This treatment penetrates beyond the superficial epidermis into deeper layers of the skin and induces a **controlled inflammatory response**, resulting in visible peeling and skin renewal.

This treatment may help improve:

- Moderate hyperpigmentation
- Sun damage
- Acne and acne scarring
- Fine lines and wrinkles
- Uneven tone and texture
- Thickened or keratinized skin

I understand that this treatment is typically part of a **progressive treatment plan** and may require a **series of treatments** along with proper home care.

EXPECTED RESPONSES & NORMAL SIDE EFFECTS

I understand that the following responses are common and expected:

- Redness lasting approximately 3-7 days (sometimes longer)
- Swelling, particularly around the eyes and mouth
- Tightness and dryness

- Darkening of pigmented areas prior to shedding
- Sheet peeling or flaking for approximately 5–10 days
- Temporary bronzing or crusting
- Sensitivity to heat and sun
- Itching during the peeling phase

Downtime is typically **7–10 days**, and I understand I may not be socially presentable during the peeling phase.

Complete skin recovery may take up to **14 days**.

POTENTIAL RISKS & COMPLICATIONS

Although precautions are taken, I understand potential risks may include:

- Prolonged erythema (redness)
- Hyperpigmentation or hypopigmentation
- Infection
- Scarring
- Milia formation
- Reactivation of herpes simplex (HSV-1)
- Delayed healing
- Uneven peeling or results

I understand that:

- Results vary based on individual skin condition and compliance
 - Multiple treatments may be required
 - No guarantees have been made regarding outcomes
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CONTRAINDICATIONS & MEDICAL DISCLOSURE

I confirm that I have disclosed all relevant medical history, medications, and skin conditions.

A Level 2 chemical peel may not be appropriate if I have any of the following:

- Pregnancy or nursing
- Active herpes simplex (cold sores)
- Active skin infection (bacterial, viral, or fungal)
- Open wounds, lesions, or compromised skin barrier
- Use of Accutane (Isotretinoin) within the past 6–12 months
- Recent facial surgery
- Recent laser resurfacing or aggressive treatments within 4 weeks

- History of keloid or hypertrophic scarring
- Autoimmune disorders affecting wound healing
- Uncontrolled diabetes
- Eczema, psoriasis, or dermatitis in the treatment area
- Recent sunburn, tanning, or excessive sun exposure
- History of post-inflammatory hyperpigmentation (PIH)
- Higher Fitzpatrick skin types (IV–VI) without proper preconditioning

I understand that failure to disclose this information may increase the risk of complications.

PRE-TREATMENT ACKNOWLEDGMENT

I confirm that I have followed all pre-treatment instructions, including:

- Discontinuing retinoids and Vitamin A products at least 5 days prior
- Discontinuing exfoliating acids and active ingredients 5–7 days prior
- Avoiding waxing, dermaplaning, laser, or microneedling for at least 2 weeks
- Avoiding sun exposure and tanning prior to treatment

I understand that failure to follow these instructions increases the risk of burns, irritation, and pigmentation changes.

POST-TREATMENT CARE AGREEMENT

I agree to follow all aftercare instructions provided.

For **7-10 days following treatment**, I will:

- Avoid retinoids and all active ingredients
- Avoid exfoliating products (AHA, BHA, enzymes, scrubs)
- Avoid sun exposure and apply SPF 30+ daily
- Avoid heat (saunas, steam, hot showers)
- Avoid strenuous activity causing excessive sweating for at least 48 hours
- Not pick, peel, or manually remove shedding skin

I understand that improper aftercare may result in scarring or pigmentation complications.

PRODUCT APPLICATION CONSENT

I understand that professional chemical exfoliating agents will be applied during treatment.

I acknowledge that:

- This treatment intentionally creates a controlled injury to the skin
 - My skin will be highly sensitive during the healing process
 - I have disclosed any known allergies or sensitivities
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NO GUARANTEE OF RESULTS

I understand that results vary based on individual skin type, condition, and adherence to treatment and aftercare protocols.

No guarantees have been made regarding the outcome of this procedure.

CLIENT CONSENT & LIABILITY RELEASE

I acknowledge that:

- The procedure has been explained to me in detail
- I understand the level of downtime associated with this treatment
- I understand strict sun avoidance is required
- I have had the opportunity to ask questions
- I am voluntarily consenting to treatment

I release **Dermodality Skin Solutions, DIME, its students, educators, providers, employees, and affiliates** from liability associated with this treatment, except in cases of gross negligence or willful misconduct.

PHOTO & EDUCATION CONSENT

- I consent to photos/videos for documentation, education, and marketing
 - I do not consent
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TREATMENT DOCUMENTATION (PROVIDER USE)

Peel Used: _____

Strength / Layers: _____

Prep Used: _____

Post Care Products: _____

Provider Notes: _____

SIGNATURES

Client Name: _____

Client Signature: _____

Date: _____

MINOR CONSENT (IF APPLICABLE)

Parent/Guardian Name: _____

Signature: _____

Date: _____

Provider / Instructor Signature: _____

Date: _____

DERMODALITY