

Chemical Peel Consent

I agree to the following information regarding the use of the Theraderm Chemical Peel Products:

1. I will follow the Theraderm Recommended Protocol for performing chemical peels.
2. I am aware it is absolutely necessary to neutralize all AHA acid peels with Sodium Bicarbonate; this pertains to both the Theraderm 70% and 50% Lactic Acid peel solutions. I acknowledge that water will dilute the peel, but not effectively neutralize the acid.
3. I am aware of Theraderm's recommendation to use the Theraderm Prepare Pre-Procedure System and Theraderm Prolong Post-Procedure System.
4. I will provide my patient/client with an informed consent form and will obtain their approval to proceed with the chemical peel procedure.
5. I will provide Theraderm with a current copy of my state license, upon request.

Clinic Name

Clinic Web Address

Practice Manager

Email Address

The clinic is interested in using the following Theraderm Chemical Peel Products: (please check)

_____ Theraderm Prepare Pre-Procedure System and Prolong Post-Procedure System

_____ Theraderm Professional Backbar

_____ Theraderm Light Peel 70% Lactic Acid Solution

_____ Theraderm Light Peel 50% Lactic Acid Solution

_____ Theraderm Sodium Bicarbonate Chemical Peel Neutralizer (used after Light Peel)

_____ Theraderm Clarifying Peel (Original Jessner's Solution)

_____ Theraderm TCA Peel Solution(s) - Physician's Only or used with Physician's direction

I confirm that under our state law, I am licensed to conduct chemical peels checked below.

Practitioner Name (Performing Peels)

Practitioner Title (RN, Aesthetician, etc.)

Practitioner Signature

Date

Practitioner Email Address

Physician Name/Specialty
(Required for TCA solutions)

Physician Signature