

CONSENT FOR CHEMICAL PEELS

1. I hereby request and authorize Steven M. Rotter, M.D. to perform a chemical peel on me on or about the _____ day of _____, 20_____ for the purpose of attempting to improve my appearance.
2. The effect and nature of the chemical peel, as well as possible alternative methods of treatment (including dermabrasion and phenol chemical peels), have been fully explained to me. Int. _____
3. I also authorize Dr. Rotter to perform any other procedure, which he may deem necessary or advisable in attempting to improve my appearance, or for any unforeseen condition that he may encounter during the treatment. Int. _____
4. I know that the practice of medicine and surgery is not an exact science and therefore, reputable practitioners cannot guarantee results. I acknowledge that no guarantee has been made by anyone regarding the results of a chemical peel. Int. _____
5. I know that after the chemical peel my skin will become red and there may be swelling and discomfort. The skin may blister and crust and look like a very bad sunburn before it heals. The peeling usually starts on the second or third day after the peel and usually lasts about 1-2 weeks, although, it may last longer. Int. _____
6. I know that there is a risk of developing a **temporary or permanent color change in the treated skin**. This is either a **lightening** (more white) or a **darkening** which may be blotchy (uneven). Darkening must be brought to Dr. Rotter’s attention immediately and may possibly be improved by medication or additional chemical peels. Int. _____
7. I know that the treated skin may remain **pink** for many months and that I should avoid sun and wind exposure during this time. Sunscreens should be used indefinitely. Int. _____
8. I know that there is a chance of reactivating “**cold sores**” (herpes infection), therefore, patients with a prior history of herpes should take antiherpes medication before and after the chemical peel. Severe pain may be a sign of herpes infection and should be brought to Dr. Rotter’s attention immediately. Int. _____
9. I know that there is a chance of **scarring** which usually occurs along the jawline, over the cheekbone, or around the mouth. Persistent redness may be an early sign of impending scarring and must be brought to Dr. Rotter’s attention immediately, as prompt intervention may lessen the scarring. Int. _____
10. I know that the treated skin may itch, but **scratching may cause scarring**.
11. I know that I must keep the skin greasy with either Bacitracin Ointment or a moisturizer. I know that there is a chance of an allergic reaction to a topical medication used after the peel. Int. _____
12. I know that I may need more than one chemical peel to achieve desirable results. Int. _____

Patient’s Signature _____ Date _____

Witness _____ Date _____