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## CHEMICAL PEEL INFORMED PATIENT CONSENT FORM

I hereby authorize Lakes Dermatology staff to perform a chemical peel on me. I understand that this procedure involves treating a vast variety of skin conditions. I understand that I may not experience complete clearance and that it may take multiple treatments to achieve optimal results. I understand that certain conditions may not respond at all and, in rare cases, may worsen.

### The procedure may result in the following adverse experiences or risks:

- DISCOMFORT/ PAIN - Some discomfort may be experienced during treatment. Pain may include the feeling of burning, stinging and radiating pain.
- REDNESS/SWELLING - Short term redness (erythema) or swelling (edema) of the treated area is common and may occur.
- SKIN COLOR CHANGES - During the healing process, there is a possibility that the treated area may become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, may become permanent.
- TEXTURAL CHANGES – Lesions (milia, blemishes) may appear as part of the anticipated healing process. It is important not to disturb the lesions as they typically disappear. Should sensitivity or redness occur the lesions may require medication after treatment.
- WOUNDS - Burning, blistering, or bleeding of the treatment area is a rare occurrence but is a possibility. If any of these occur, please call our office.
- INFECTION – Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection or burns develop, such as pain, heat, or surrounding redness, please call our office.
- SCARRING - Scarring is a rare occurrence but is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is *IMPORTANT* that you follow all post-treatment instructions provided by your healthcare staff.
- CONTACT/ALLERGIC DERMATITIS OR SKIN SENSITIVITY - Potential increased sensitivity, irritation/itching or allergic reaction of the skin.
- SUN EXPOSURE - May increase risk of side effects and adverse events.
- EYE EXPOSURE - Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me.
- Alternative treatments including cryosurgery, topicals, or laser.
- Reasonably anticipated health consequences if the procedure is not performed.
- Possible complications/risks involved with the proposed procedure and subsequent healing period.

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Lakes Dermatology staff informed should I become pregnant during the course of treatment.

***The nursing staff will have you sign the electronic consent form once you are brought back to your room. Feel free to ask any questions at that time.***