

Consent Form
Glytone Glycolic/Salicylic Acid Treatment

I _____ agree to the use of glycolic/salicylic acid on my skin by certified Ahhh Spa staff.

The treatment has been explained to me and I understand the treatment is a light, safe, cosmetic peeling program. It can be repeated as often as every two weeks. The skin should be free of irritation at the beginning of each peel.

I understand that most patients experience no adverse side effects whatsoever. Possible side effects may range from mild swelling, redness, mild scabbing to mild peeling; all of which are temporary. At most, side effects last a few days and may be treated by avoiding cosmetic products and medications for a few days. I will contact my physician immediately if any of the side effects occur or persist.

I must not and have not used Accutane™ (or a similar product) for six months prior to receiving this treatment. I must not and have not used Retin-A™ (or a similar product) for 48 hours prior to receiving this treatment. This treatment must not be performed if there is skin irritation, eczema, inflammation or dermatitis.

I have read and understand the above information and I authorize the certified Ahhh staff member to perform a glycolic/salicylic acid chemical peel. I have been given a copy of the pre- and post- glycolic peel instructions and agree to follow them as a requisite of the treatment.

Signature of patient or legal guardian

Signature of staff witness

Signature of physician

Date