

Informed Consent – Peeling with glycolic acid

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Informed consent for peeling with glycolic acid

I undersigned _____ age _____
living in _____ street _____
phone number _____ e-mail _____

In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later. The consent is personal and it cannot be delegated to the family (if not for minor or under guardianship).

Glycolic acid is an alpha hydroxy acid. It exfoliates the cells of the corneous layer (the superficial one) of the skin without trespassing the skin and reaching the derma. It is suitable in those cases of photoaging of the skin. It is done with concentration up to 70%.

A week before the peeling the patient has to avoid: electrolysis, waxing, epilators, masks, dyes, perms, isothreonine (Roaccutan), and exfoliant sponge. The day of the treatment the face has to be clean, so the patient should not wear make up, perfume, shaving and aftershave.

The treatment with glycolic acid is done in 2 different steps:

1. peeling base on glycolic acid and its neutralization.
2. post-peeling at home with a lenitive and hydrant lotion, depigmentation and sun protection until the following treatment... no tanning or sun bed permitted for the entire period of the treatment.
3. sometimes the skin can get darker and more frequently a delicate desquamation will occur.

The respect of the procedures is essential for a good outcome of the peeling.

Possible complications and inconveniences: hyperpigmentations, infections of the skin and scars are possible. Edema may occur.

Absolute contraindications: ALLERGY to the product or peelings. Dermatological diseases may occur.

At this time the procedures and used equipment are the most suitable from a medical-scientific point of view.

However, I declare not to be pregnant.

I am allergic to these substances:

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I followed the following aesthetic therapies:

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I authorize the management of the data also for an iconographic use.

I confirm that I read and understood the above.

I confirm I had the possibility to ask questions I thought were necessary.

After having taken not of the illustrated situation, I accept the suggested medical procedure.

Date

Patient's Signature

Doctor's Signature
