

## Chemical Peeling Consent Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	dermatology derma
			Date	:	2024-02-27

To the :Reshma Siya



You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

1. I Reshma Siya voluntarily request that VISION MEDICAL & DENTAL CENTER (Abu Dhabi) perform the Peel procedure. I acknowledge having been informed that this cosmetic procedure is intended to remove surface layers of the skin to improve the vitality of the skin.
2. Peels, despite their high levels of efficacy and safety, are not free of side effects. Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last up to seven days or longer. Irritation, itching, and/or mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment.
3. It is important to use sun screen of SPF 25 or greater when exposed to the sun.
4. I understand complications can include white heads, cold sores, infection, scarring, numbness and permanent discoloration, particularly in people with dark skin.
5. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

I understand that treatment is not recommended for tanned patients until the tan has faded and that sun exposure must be avoided between treatments. I have not tanned, and will not tan, in the areas to be treated during the entire treatment course and for six weeks before and after treatment. This includes sun exposure and tanning booths. Artificial tanning products must be discontinued two weeks prior to treatments.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment.

Note: All prices are subject to change without prior notice

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		<div style="border: 1px solid black; width: 100px; height: 70px; margin: 0 auto;"></div>
Patient Name Reshma Siya  Date 2024-02-27	Witness Name cvbcvb  Date 2024-02-27	Doctor Name dermatology derma - Dermatology (0)  Date 2024-02-27