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## **EXTRACTION/CHEMICAL PEEL INFORMED CONSENT**

MR#: #\_\_\_\_\_

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Date:

Name of Patient:	Date of Birth:	/	/
<b>Extraction</b> is a corrective technique that gently a impactions and release trapped ingrown hairs where the statement is a corrective technique that gently a support of the statement is a corrective technique that gently a support of the statement is a corrective technique that gently a support of the statement is a corrective technique that gently a support of the statement is a corrective technique that gently a support of the statement is a corrective technique that gently a support of the statement is a corrective technique that gently a support of the statement is a corrective technique that gently a support of the statement is a support of the statemen		ds, drains infla	amed acne
Chemical Peels is a treatment to exfoliate the su	urface layers of the skin.		
<b>Potential Adverse Reactions:</b> Temporary or Perswelling, sensitivity, flaking and small scabs. Supplesions are extracted and are normal and mostly occur.	perficial dark spots can occur	when extract	ing old or deep
<b>INSTRUMENTATION:</b> All instruments are sterile procedure.	and medical personnel use s	surgical gloves	during the
<b>INSTRUCTIONS:</b> Avoid the sun and use product and help fade exfoliate existing spots. Product o dryness, irritation, and POSSIBLE dark spots. Alscratch, it will cause scarring.	veruse, scrubbing, picking ar	nd sunburn ca	use temporary
ALLERGIC REACTIONS: Allergy is rare but in the medications and contact the office immediately.	e event that you have a react	tion, discontin	ue the use of all
To the patient: You have the right to be informed all whether or not to undergo the procedure after knowin or alarm you, it is simply an effort to make you better treatment.  The consent is valid for 3 treatment sessions.  I have read this form carefully and understand the nat the practice to proceed with the treatment, extraction.	g the risks and hazards involved informed so you may give or wit ture of this treatment and its risk	l. This disclosur thhold your con.	e is not meant to scare sent for
	/	/	
Parents/Legal Guardian Signature		Date	
	/	/	
Provider Signature		Date	
	/	/	
Witness Signature		Date	_