

## Chemical Peel Consent

I agree to the following information regarding the use of the Theraderm Chemical Peel Products:

1. I will follow the Theraderm Recommended Protocol for performing chemical peels.
2. I am aware it is absolutely necessary to neutralize all AHA acid peels with Sodium Bicarbonate; this pertains to both the Theraderm 70% and 50% Lactic Acid peel solutions. I acknowledge that water will dilute the peel, but not effectively neutralize the acid.
3. I am aware of Theraderm's recommendation to use the Theraderm Prepare Pre-Procedure System and Theraderm Prolong Post-Procedure System.
4. I will provide my patient/client with an informed consent form and will obtain their approval to proceed with the chemical peel procedure.
5. I will provide Theraderm with a current copy of my state license, upon request.

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Clinic Name

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Clinic Web Address

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Practice Manager

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Email Address

The clinic is interested in using the following Theraderm Chemical Peel Products: (please check)

Theraderm Prepare Pre-Procedure System and Prolong Post-Procedure System

Theraderm Professional Backbar

Theraderm Light Peel 70% Lactic Acid Solution

Theraderm Light Peel 50% Lactic Acid Solution

Theraderm Sodium Bicarbonate Chemical Peel Neutralizer (used after Light Peel)

Theraderm Clarifying Peel (Original Jessner's Solution)

Theraderm TCA Peel Solution(s) - Physicians Only or used with Physician's direction

I confirm that under our state law, I am licensed to conduct chemical peels checked below.

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Practitioner Name (Performing Peels)

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Practitioner Title (RN, Aesthetician, etc.)

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Practitioner Signature

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Date

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Practitioner Email Address

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Physician Name/Specialty  
(Required for TCA solutions)

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Physician Signature