



SKIN INSTITUTE  
DENVER

Consent for Diamond Tome, Dermaplane and or Chemical Peel

I \_\_\_\_\_ give my consent for the Skin Institute of Denver to perform a DiamondTome, Dermaplane, and or Chemical Peel to treat the following conditions:

Discoloration  Fine Lines  Acne Scars  Active Acne  Rough Texture

1. It has been explained to me and I understand that possible side effects may include, but are not limited to: peeling, tightness, mild to extreme redness, scabbing, suction marks, wind burn sensation, dry skin, flaking skin, and or lightening or darkening of the skin.
2. I understand that there may be a burning, tingling, and or stinging sensation that may occur during the treatment.
3. I acknowledge that if I have acne, my condition may temporarily flare up for up to seven days after a treatment.
4. I understand that the results of improvement that I can expect to see is dependent on many variables; such as, skin type, skin condition, damage due to smoking, and that the best results will be achieved by maintaining a recommended home care program.
5. I understand that cold sores may result after a treatment, and know that it is my responsibility to get my prescription filled.
6. I acknowledge that I have not been on Accutane within the past 6 months.
7. I understand that direct sun exposure, including tanning beds, is prohibited while I am undergoing treatment because I am more susceptible to the sun. The use of daily sun block is mandatory and I agree to comply with wearing sunscreen.
8. I understand that if I fail to use sunscreen after the peel, hyperpigmentation, and blisters may result. I acknowledge that pulling or picking at the skin may lead to infection and or scarring.
9. I understand that I am to discontinue use of ALL Retin-A, Renova, and Retinol for 3 days before and after a treatment.

I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post care instructions. Prior to receiving this treatment, I have been candid in revealing any condition that may have bearing on this procedure. I have read and acknowledge that I have been given the opportunity to ask any questions related to treatment. I further agree to indemnify, release and hold harmless the Skin Institute of Denver and any of its Clinicians performing services from and against any liability arising out of or relating to any direct and indirect injury or loss sustained as a result of the DiamondTome / microdermabrasion, dermaplane and chemical peel treatments.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_