Carol Billingsley
ADVANCED SKIN CARE

Tennessee & Georgia
Board Certified Master Aesthetician

2051 Hamill Road, Suite 301
Hixson, TN 37343

Procedure Authorization

PATIENT NAME: _____

PROCEDURE:
- ☐ **CHEMICAL PEEL**
- ☐ **ACNE CLEANUP**
- ☐ **OTHER:**_____

I authorize the performance of the above named procedure to be performed by Carol Billingsley. It has been explained to me that during the course of the procedure unforeseen conditions may be revealed that necessitate an extension of the original procedure or different procedure than the one mentioned above. I therefore authorize and request Carol Billingsley to perform such procedures as necessary and desirable in the exercise of her professional judgement.

In order to achieve optimal results and healing. DO NOT PICK, RUB OR PEEL SKIN. DO NOT LET SCABS FORM BECAUSE THEY CAN CAUSE SCARS. Avoid the use of the extreme facial expressions. Do not over moisturize, keep skin dry. If the procedure you had done required the use of products that contain acids, be careful because this may increase your skin's sensitivity to the sun and particularly the possibility of sunburn. Avoid sun exposure until healing has occurred; wear protective clothing, a hat and sunglasses. Avoid strenuous exercise and sweating. Do Not allow shampoo to run onto the treated areas while bathing or showering. Sleep on your back. DO NOT WEAR MAKEUP WHILE THE SKIN IS HEALING.

It is imperative that you follow post-procedure instructions carefully this will help avoid potential complications, increased pain, and unsatisfactory results. As with any procedure that is performed, adverse reactions may occur. It is common, even expected that your skin will be red and possibly itchy and/or irritated afterwards. Some of the reactions you may experience are: stinging, burning, itching, redness, dryness, flaking or peeling. If you experience a reaction that you believe is unusual and/or extreme, Please CALL ME IMMEDIATELY AT 423-322-43040. I am not an employee of C. Rodney Susong, M.D., P.C., so please call me directly.

The above treatment has been explained to me and I understand that no guarantee or representation has been given to me by anyone as to the results that may be obtained, that there as risks to the procedure proposed, that adverse reactions are possible. I realize that not having this procedure IS an option.

I am satisfied with the explanation of the procedure to be performed and I consent to the treatment.

_____ _____

Patient / Guardian *Date*

423-870-3376 Ext. 8
423-322-4340

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