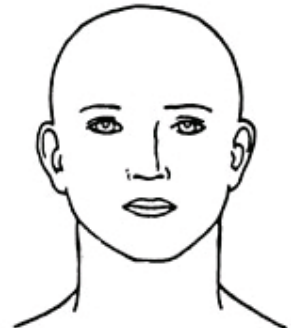


CHEMICAL PEEL TREATMENT NOTE

- Not pregnant or breastfeeding)
- No history of allergies to peeling agents.



DATE:	TREATMENT #	Peeling Agent:
P:	Last Tx Date: _____ Y/N Tolerated	Peeling Agent:
RR:	Indication for treatment: <input type="checkbox"/> Rejuvenation <input type="checkbox"/> Melasma <input type="checkbox"/> Actinic Keratosis	
B/P	<input type="checkbox"/> Rhytids <input type="checkbox"/> Dyschromia <input type="checkbox"/> Scarring	
<input type="checkbox"/> Consent Obtained	Areas being treated: <input type="checkbox"/> Face <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Photo Obtained	<input type="checkbox"/> Risks discussed: incomplete response, edema, prolong erythema, pigmentary changes, infection, ocular injury, allergic rxn, scarring	
<input type="checkbox"/> Contact lens removed	Skin Prep/ scrubbed to degrease and remove stratum corneum <input type="checkbox"/> Soap <input type="checkbox"/> Acetone <input type="checkbox"/> 70% Isopropyl Alcohol <input type="checkbox"/> Other _____ <input type="checkbox"/> Petrolatum to corners of eyes, ala, oral commissures	
Y / N History of HSV	Treatment: 1. Agent: _____ applied x _____ minutes/ passes Neutralization: <input type="checkbox"/> H2O <input type="checkbox"/> HCO3 <input type="checkbox"/> Cold cloths / Fan for comfort Erythema 0 1 2 3 Frosting 0 1 2 3 (0=none, 1 mild, 2 mod, 3 severe) Discomfort 0 1 2 3 2. Agent: _____ applied x _____ minutes/ passes Erythema 0 1 2 3 Frosting 0 1 2 3 (0=none, 1 mild, 2 mod, 3 severe) Discomfort 0 1 2 3 Neutralization: <input type="checkbox"/> H2O <input type="checkbox"/> HCO3 <input type="checkbox"/> Cold cloths / Fan for comfort Post peel moisturizer applied: <input type="checkbox"/> Aquaphor/Vaseline <input type="checkbox"/> Cetaphil	
<input type="checkbox"/> Valtrex <input type="checkbox"/> Acyclovir		
<input type="checkbox"/> Off skin care regimen x 1 week prior (Retinoids, AHA, hydroquinone)		
	Post treatment skin care: (5-10 days post) <input type="checkbox"/> Instructed regarding no skin exposure/ Broad spectrum sunscreen daily <input type="checkbox"/> Aquaphor Healing ointment/ Vaseline <input type="checkbox"/> Restart retinoids _____ <input type="checkbox"/> Restart hydroquinone: _____	
	<input type="checkbox"/> Complications: _____ <input type="checkbox"/> Next Tx: _____	



Attending Signature: _____ Date: _____ Time: _____