

CARBON FACIAL / HOLLYWOOD PEEL CONSENT FORM

(For Skin Brightening, Deep Cleansing, and Rejuvenation)

Patient Name: _____

Age / Gender: _____

Contact No.: _____

Date: _____



1. Procedure Description

Carbon Facial, also known as Hollywood Peel, is a non-invasive laser treatment that uses a thin layer of carbon lotion applied to the skin, followed by laser energy to exfoliate, cleanse, and rejuvenate. The procedure helps in improving skin tone, reducing oiliness, minimizing pores, and achieving a radiant glow.

2. Purpose of Procedure

The purpose of this treatment is to deeply cleanse pores, reduce pigmentation and acne, control oil production, and enhance the overall brightness and smoothness of the skin. It is a safe, quick, and effective facial with minimal downtime.

3. Possible Risks and Side Effects

I understand that the following risks and side effects may occur:

- Temporary redness, warmth, or tingling sensation after the procedure.
- Mild dryness or flaking as the skin renews.
- Rarely, temporary darkening or lightening of the treated area.
- Mild sensitivity for 24–48 hours post-procedure.
- Rare chance of burns, scarring, or infection if post-care is not followed properly.

4. Pre & Post Procedure Instructions

Pre-Procedure:

- Avoid sun exposure, waxing, and active creams (retinoids, AHA/BHA) for 3–5 days before treatment.
- Inform your doctor of any recent laser or chemical peel treatments.
- Do not apply makeup or moisturizer on the day of the procedure.

Post-Procedure:

- Avoid sun exposure, gym, or hot showers for 24–48 hours.
- Apply prescribed soothing or hydrating cream as directed.
- Use sunscreen (SPF 30+) regularly to prevent pigmentation.

- Do not exfoliate or use harsh skincare products for 3 days post-procedure.
- Mild redness or warmth is normal and will subside in a few hours.

5. Acknowledgment

I acknowledge that the nature, benefits, and possible side effects of the Carbon Facial / Hollywood Peel have been explained to me. I understand that results may vary and multiple sessions may be required for best outcomes. I have been advised on pre- and post-treatment care and voluntarily consent to undergo this procedure.

6. Consent

Patient Name: _____

Signature: _____

Date: _____

Witness Name: _____

Signature: _____

Date: _____

Doctor's Name & Signature: _____



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