



# Plastic Surgery & Dermatology Associates (PSDA)

## CONSENT FOR USE OF SKIN CORRECTIVE CREAMS

I understand the following:

1. The creams must be used in the prescribed fashion according to the written instructions and descriptions given to me by Dr. Lowe and his staff. I will experience varying degrees of redness, burning, peeling, itching, etc., especially in the initial stages of the program. These symptoms will lessen and eventually subside as my skin builds tolerance.
2. I agree to continue with the use of the creams and to return for follow-up as directed and to notify Dr. Lowe's office if for some reason it is necessary to discontinue the use of the cream program.
3. I understand that excessive application of the creams can cause a great deal of discomfort and even blistering, especially in the early weeks of treatment, and that careless inattention to such reaction could result in superficial infection or injury to the skin which could result in long-term discoloration or even superficial scarring.
4. I understand that it is necessary to maintain the use of the cream program over the long-term in order to retain the benefits obtained in the early weeks of the program and that a slight degree of pinkness and exfoliation (flaking) is the indication that the program is continuing to work.
5. I have been advised not to begin this program if I am Pregnant or trying to become Pregnant. I will advise this office should I become Pregnant.

I have read and fully understand the above and all my questions have been answered.

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Signature of Patient

Date

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Signature of Dr./Staff

Date