

# The Perfect Peel Informed Consent

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## (Aesthetics)

Date:

## Patient Information

- **Patient Name:** {{patient\_first\_name}} {{patient\_last\_name}}
- **Date of Birth:** {{patient\_birthdate}}

## Treatment Information

I understand that I will be receiving The Perfect Peel, which is a medium-depth chemical peel designed to improve skin texture, reduce fine lines, and address pigmentation concerns through controlled exfoliation.

## Consent Statements

Please initial each statement:

1. I understand the nature of The Perfect Peel treatment.
2. I understand the potential risks and benefits.
3. I have been informed of alternative treatments.
4. I understand that results are not guaranteed.
5. I will follow all post-treatment instructions.

## Signatures

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

**Provider Signature:**  **Date:**

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**Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co.,  
Primary Medical of IN, P.C.**

**Form Complete**

# The Perfect Peel Informed Consent - Luis Escobar

X \_\_\_\_\_

Signed By Luis Escobar

Signed On: January 1, 1970

# Signature Certificate

The Perfect Peel Informed Consent - Luis Escobar

Unique Document ID:  
32825973e2904d5500c1aae3cfa6d93c5ad2577e



Luis Escobar

Party ID: 635e739d-8c7a-4179-b032-76b23dfd6f89  
Security Level: E-mail

Awaiting signature

## Timestamp

February 3, 2026 8:25 am EDT

February 3, 2026 8:25 am EDT

February 3, 2026 8:00 pm EDT

February 3, 2026 8:01 pm EDT

February 4, 2026 6:05 am EDT

## Audit

The Perfect Peel Informed Consent Uploaded by ENNU Patient Docs - ennu-appointments@enu.co IP 24.238.5.27

Document sent for signature to Luis Escobar - l\_esco@me.com

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This audit trail report provides a detailed record of the online activity and events recorded for this contract.