

The Perfect Peel Informed Consent

The Perfect Peel Informed Consent

(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

Patient Signature: _____ Date:

Provider Signature: Date:

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

Generated on: January 11, 2026

Signed On: <https://ennu.co/>

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The Perfect Peel Informed Consent

X _____

Signed By Angelina Torres
Signed On: January 1, 1970



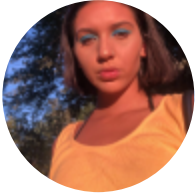
Signature Certificate

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Unique Document ID:

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LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.



Angelina Torres

Party ID: f3461104-04a6-4084-9738-1d634d804530

Awaiting signature

Timestamp

January 11, 2026 2:19 am EDT

Audit

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

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