

DERMAPLANING CONSENT

Dermaplaning temporarily removes the fine vellus hair of the face, leaving a very smooth surface. A thorough skin analysis prior to your first dermaplaning and if dermaplaning is not appropriate, you will be informed during this session and an alternative treatment may be recommended instead.

More sensitive skin may experience some redness after the first couple of sessions. This normally goes away after 2 to 3 hours. Dermaplaning may cause minor superficial abrasions which may not appear until a day or two following your treatment.

POST TREATMENT / HOME CARE

Aerobic exercise or vigorous physical activity should be avoided until all redness has subsided. Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure or tanning beds). Although SPF 30+ should already be a part of your daily skin care, after dermaplaning, SPF 30+ must be applied daily to the treated area for a minimum of two weeks. Twice daily cleanse the treated area with a post-treatment cleanser, followed by a serum or treatment cream and follow with SPF 30+ sunscreen.

It is important that you read this information carefully, Initial indicating you have read and sign the consent form for treatment.

___ Dermaplaning is a safe and simple no down-time procedure that removes the fine vellus hair referred to as 'peach fuzz' while providing a manual exfoliation of dead skin cells.

___ Reactions are rare but may include possible skin reactions such as redness or other irritation for very sensitive skin.

___ It has been explained to me that the treated area will be more sensitive to the sun because of the treatment and will require regular use of sunscreen.

___ I consent to treatment. The technique has been explained to my satisfaction and I have been given a copy for my post care instructions.

I authorize _____ to perform Dermaplaning skin treatments.
By signing below, I certify that I have read and fully understand this agreement and all information detailed above.

Signature _____ Date _____