

GENERAL CONSENT FORM

I am requesting a dermaplaning treatment and voluntarily consent to this treatment. I have been informed dermaplaning is an exfoliating treatment that removes the dead skin cells of the stratum corneum and vellus fine facial hair leaving a smooth surface. A sterile blade is gently stroked along the skin at an 45° angle to remove the dead skin cells from the epidermis. This treatment is not meant to treat skin disorders and individual outcome cannot be predicted.

Dermaplaning will also allow home care products to be more effective. Dermaplaning is an effective exfoliation method that can be used on clients with rosacea, sensitive skin or allergies. It is an alternative treatment for those who are not candidates for microdermabrasion or chemical peels.

Not all areas of the face (eyelids, nose, neck, jaw line, chest or hands) are treatable using this method.

Sensitive skin may experience some redness or dryness after the first couple of sessions. This normally goes away after 2-3 hours. If you experience some dryness or even some peeling between sessions, applying moisturizer will help.

CONTRAINDICATIONS - Clients are advised not to proceed with treatment:

- Recent chemical peels
- History of skin cancer
- Active acne, any raised lesions and vascular lesions
- Use of Accutane within the last year
- Active or history of herpes (cold sores) or flat warts
- Eczema or dermatitis
- History of keloid scarring
- Facial ticks
- Melasma, hormonal medications associated with pigmentation
- Tattoos
- Thick, dark facial hair
- Chemotherapy or radiation
- Uncontrolled diabetes
- Recent use of topical agents such as glycolic acid and Retin-A
- Severe Rosacea

I acknowledge that I have read and understand all of the above and agree to have this treatment.

PRINT NAME: _____
SIGNATURE: _____ DATE: _____