

## **DERMAPLANING CONSENT**

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	Skin type:			
	Dry Combination			
	Oily Mature/sensitive			
	I understand that Dermaplaning involves the use of a sterilized surgical blade to remove fine vellus hair from the face, and provide light exfoliation			
	Due to contours of the face, certain areas of the face (such as eyelids and nose) are not treatable using this method			
	After your treatment, SPF 30+ MUST be worn at all times			
	Aerobic exercise or vigorous physical activity should be avoided until all redness has subsided.			
	The nature and purpose of Dermaplaning has been explained to me and any questions I have regarding the treatment have been answered to my satisfaction prior to procedure			
	I understand that the treatment may involve the risk of complication or injury and I freely assume those risks. Possible side effects of the treatment area can include mild redness, mild irritation, and dryness. Additionally, nicks to the skin can occur due to the sharp surgical blade. The hair that grows back will not be darker or thicker, however I do understand that any hormone imbalance present within my anatomical system can alter the normal hair growth pattern			
	Conditions			
	Active acne		Rosacea	
	Active infection		Scleroderma Skin cancer	
	Any raised lesions		Sunburn	
	Any recent chemical peel procedures		Tattoos	
	Chemotherapy or radiation		Thick, dark facial hair	
	Eczema or Dermatitis Hemophilia		Uncontrolled diabetes	
	Oral blood thinner medications		Use of Accutane within the last year	
	Pregnancy			
	Use of Glycolic acids, Alpha-hydroxy acids and Retin-A			
Signature:		Dat	Date:	

