

DERMAPLANING

CONSENT & WAIVER

CORE BEAUTY

I hereby consent to and authorize _____ to perform the dermaplaning procedure.

- I understand that dermaplaning is a physical/mechanical form of exfoliation using a specialized dermaplaning blade for the removal of built-up dead skin cells and vellus hair. Following treatment skin will be smoother, softer, and better able to absorb the active ingredients in treatment and home care products.
- I have been informed of the nature, risks, and possible complications, and consequences of dermaplaning. I understand this treatment involves the use of the sterile, surgical blade to remove dead skin cells and vellus hair. As with the use of any sharp instrument, there is the possibility of nicks or cuts.
- I understand there are contraindications to this treatment, including but not limited to, diabetes (not controlled by diet or medication), cancer, active acne, bleeding disorders, the inability for blood to coagulate, or the development of keloids following injury.
- I certify that I am not taking any of the medications below as are contraindicated for this treatment due to the possibility of delayed clotting from a nick or cut:
 - Blood thinners
 - Higher dosages of Aspirin
 - Accutane
- I understand that my technician only utilizes sterilized, disposable equipment to minimize the risk of infection or contamination and that my technician has received training in appropriate sanitation and hygiene techniques prior to performing any procedures. While the risk of infection from our procedures is extremely small, the possibility of such an occurrence cannot be totally prevented. Accordingly, I understand and accept the risk and release my technician and the spa from any and all liability related to the subject procedure, except instances involving gross negligence.

CLIENT NAME (PRINTED)

CLIENT SIGNATURE

DATE

ESTHETICIAN