

Aesthetic Dermaplaning Informed Consent

Date: _____

Client Name: _____

You have the right to be informed about your treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and benefits involved. This disclosure is an effort to make you better informed, so that you may give or withhold your consent for treatment.

- I understand that Dermaplaning involves the use of a sterilized surgical blade to remove fine vellus hair from the face, and provide light exfoliation.
- 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.

If a chemical peel is included with this treatment, I understand that the sensation and penetration of the peel will be enhanced. This may cause skin irritation, mild discomfort, tenderness, lightening or darkening of the skin, infection, scarring, peeling, and activation of cold sores, when virus is already present in the body.

I certify that I have read this entire consent form and I understand and agree to the information provided in this form. I certify that I am at least 18 years of age, or I have a parental consent co-signed below.

I will call to inform my aesthetician of any complications or concerns as soon as they occur.

I certify that I have read the above consent and I fully understand it and give my consent to the Dermaplaning treatment.

Client Signature: _____ Date: _____

