

## **Dermaplaning Consent with The Massage Studio**

I understand that Dermaplaning involves the use of surgical blade to remove fine vellus hair and dead layers of skin from the face.

The nature and purpose of this treatment has been explained to me and any questions I have regarding the treatment have been answered to my satisfaction.

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 of the skin, irritation and dryness. Additionally, nicks to the skin can occur due to the sharp surgical blade. Patients will be notified and the area will be treated if necessary. The hair is expected to grow back blunt-ended. New hair will not appear darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern.

If a chemical peel is part of this treatment I understand that the sensation and penetration of the peel will be enhanced following the dermaplaning treatment. This may cause skin irritation, mild discomfort, tenderness, lightening or darkening of the skin, infection, scarring, peeling, and activation of cold sores.

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am at least 18 years of age.

I agree and adhere to all safety precautions and regulations during the skin treatment.

I have received and understand the post care recommendations as follows:

Use of an SPF (Broad Spectrum, 30+) is imperative. I will avoid direct sun exposure/tanning beds for 48 hours. I know that I can moisturize frequently or as needed to help with the flaking or sloughing of dead skin cells. I will use a gentle cleanser morning and evening for the next 48 hours. Alpha and Beta Hydroxy acid (if desired) may be resumed 48 hours after treatment.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_