

DERMAPLANING CONSENT FORM

DERMAPLANING WITH PEEL

SMOOTHES, EXFOLIATES & REMOVES VELLUS HAIR (PEACH FUZZ)

Dermaplaning will gently exfoliate and eliminate surface layers of dead skin cells and unwanted vellus hair (peachfuzz) and will prime skin for our professional peel: included, a Professional Advanced Corrective Peel (immediately unveils smoother, more vibrant, and younger-looking skin) Formulated with an exclusive blend of clinical-grade acids and a maximized peel concentration of phenylethyl resorcinol, Advanced Corrective Peel dramatically diminishes the appearance of discoloration, while smoothing texture and renewing the appearance of pores, to restore a brighter, more clarified skin tone. For optimal results, a series of 4-6 treatments every 4 weeks is recommended.

_____ Client Initials

ARE THERE RISKS?

All things considered, Dermaplaning is very safe. Of course bleeding is possible, the treatment involves the use of a sharp surgical blade (and haven't you ever cut yourself shaving before?). As with your own shaving experiences in the shower, cuts are extremely rare and more annoying than painful. Makeup may be applied after Dermaplaning, in fact you may note that your makeup glides on and sits much better on your face after a session than before.

AAC will take every precaution to ensure that your skin is well hydrated and calm following each session. However, you may experience excessive dryness or even some peeling between sessions, which may or may not be normal. Always contact us with any concerns. More sensitive skin may experience some redness after the first couple of sessions. This normally goes away after 2 to 3 hours. Dermaplaning may cause minor superficial abrasions which may not appear until a day or two following your treatment. If this should occur, please contact me so that I can do a post-treatment follow up with you. After your treatment, SPF 30+ MUST be worn at all times.

_____ Client Initials

CONTRAINDICATIONS

Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for dermaplaning treatment and must be disclosed prior to treatment:

- Active acne
- Active infection of any type, such as herpes simplex or flat warts.
- Any raised lesions
- Any recent chemical peel procedure
- Chemotherapy or radiation
- Eczema or dermatitis
- Family history of hypertrophic scarring or keloid formation
- Hemophilia
- Hormonal therapy that produces thick pigmentation
- Moles
- Oral blood thinner medications
- Pregnancy
- Recent use of topical agents such as glycolic acids, alpha-hydroxy acids and Retin A
- Rosacea
- Scleroderma
- Skin Cancer
- Sunburn
- Tattoos
- Telangiectasia/erythema may be worsened or brought out by exfoliation
- Thick, dark facial hair
- Uncontrolled diabetes
- Use of Accutane within the last year
- Vascular lesions

IS SATISFACTION GUARUNTEED?

The majority of AAC clients receive noticeable, satisfactory to above average results with a series of treatments and a commitment to a daily skin care regimen. However, this outcome cannot be guaranteed as maximum results are highly dependent on age, cumulative sun exposure, health, lifestyle, genetic traits, general skin condition, and willingness to follow recommended protocols. Be aware that many changes may occur deeper within the skin over time. To continue the maintenance of your skin after you complete your treatment(s), AAC may inform you of other preventive treatments they may benefit your skin help with management of your skin.

_____ **Client Initials**

POST TREATMENT CARE

Exercise or vigorous physical activity should be avoided until all redness has subsided. Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure or tanning beds). Although SPF 30+ should already be a part of your daily skin care, after dermaplaning, SPF 30+ must be applied daily to the treated area for a minimum of two weeks. Twice daily cleanse the treated area with a post treatment cleanser, followed by a serum or treatment cream and follow with SPF 30+ sunscreen.

Recommended Products: _____

If you have additional questions or concerns regarding your treatment or suggested home regimen, you will consult your Nurse & Skincare

_____ **Client Initials**

Client Name: _____ Client Signature: _____ Date _____

Technician Signature: _____ Date _____