



## Dermaplaning Consent Form

**Please sign and initial below.**

\_\_\_\_ I understand that dermaplaning is the process of removing superficial layers of dead skin cells on the skin's surface by the use of a sterile blade while removing the villus hairs.

\_\_\_\_ I have been explained the process of dermaplaning by my esthetician and have had the opportunity to ask any questions.

\_\_\_\_ I understand that results may not be seen in a single treatment. The ideal plan of treatment is to have at least one dermaplaning treatment as directed by my esthetician to enhance treatment as directed by my esthetician to enhance any skin conditions and follow up with maintenance treatments as needed.

\_\_\_\_ I understand for optimum results, the importance of following the post-home care system recommended to me by my Esthetician.

\_\_\_\_ I understand that there may be unforeseen risk with dermaplaning such as cutting, scraping, or abrading the skin with the blade.

\_\_\_\_ I am satisfied with the information provided to me regarding dermaplaning and agree to have the procedure performed on me.

\_\_ I understand that I must wear an SPF of 30 or greater at all times throughout the course of treatment.

\_\_ I understand that I must discontinue the use of retinol or Retin- A, 7 days prior to a dermaplaning procedure.

\_\_ I understand to wait 7 days after Botox and 10 days after fillers to receive a dermaplaning treatment.

\*Is there anything that we should be aware of before your dermaplaning procedure?

\_\_\_\_\_  
\_\_\_\_\_

By Signing below, I certify that I have read and fully understood the contents of this consent form, and that the information I provided above are complete, accurate, and up-to-date to my knowledge. I hereby consent to the Dermaplaning procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. I release Skin Deep Day Spa LLC, the esthetician, management and staff of Skin Deep Day Spa LLC from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures and products.

**Date:** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Operator Signature:** \_\_\_\_\_