

# Dermaplaning Consent Form

Please initial and sign below.

\_\_\_\_\_ I understand that dermaplaning is the process of removing superficial layers of dead skin cells as well as fine vellus hair on the skin's surface by the use of a sterile blade.

\_\_\_\_\_ 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 any skin conditions and follow up with maintenance treatments as needed.

\_\_\_\_\_ 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.

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

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

Printed

Name: \_\_\_\_\_