



## Consent for Dermaplaning

Dermaplaning is a form of manual exfoliation in which your aesthetician will use a sterile blade that is stroked along the skin at an angle to gently remove dead skin cells and fine vellus hair from the face leaving a very smooth surface.

I understand that I may experience temporary redness, irritation, peeling, nicks or abrasions, and sun sensitivity. Cold sore outbreaks may also occur if I have a previous history. I understand that optimal results are achieved with a series of treatments, accompanied by proper skin care.

I have been told and understand that I may require multiple treatments to acquire the desired results.

I have been told that there may be risks and hazards related to the performance of the procedure planned for me. I have been told that this procedure may involve some discomfort. I understand that no warranty or guarantees have been made to me as the results. I have been told that it is recommended that I limit sun exposure to the treated areas and wear sunscreen (SPF 30 or higher). I have been told that I should not use any skin care products containing acids (AHA's alpha hydroxyl acids, glycolic acids, salicylic acids, etc...) for 3 days following the procedure.

I have been given the opportunity to ask questions about the procedures, and the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

I understand that, regardless of payment method, there will be no refunds issued for services rendered. I agree that should I have a problem of any kind whatsoever, I shall immediately notify Refine MD.

I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

I understand that photographs may be used to track patient progress. These photographs may be used for promotional purposes anonymously.

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

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

Date Reviewed and Signed: \_\_\_\_\_