



Post Treatment Instructions

Avoid any aerobic exercise or vigorous physical activity until 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 part of your daily skin care, after dermaplaning, SPF 30+ must be applied daily to the treated area for a minimum of two weeks.

If you have any additional questions or concerns regarding your treatment, you will consult your aesthetician immediately.



Skin Consult Questionnaire

1. What areas would you like to improve on your skin?
2. Do you smoke?
3. Any known allergies?
4. Do you have a tendency to keloid scar?
5. Do you suffer from claustrophobia or anxiety?
6. Do you use sunscreen daily? What is your sun exposure like?
7. Are you currently taking Accutane or a retinol product?
8. What is your diet like? Do you take any supplements?
9. What is your skin care routine?



Dermaplaning Informed Consent Form

Dermaplaning is a form of manual exfoliation similar in theory to microdermabrasion but without the use of suction or abrasive crystals. An esthetician grade, sterile blade is stroked along the skin at an angle to gently "shave off" dead skin cells from the epidermis. Dermaplaning also temporarily removes the fine vellus hair of the face, leaving a very smooth surface.

As with any type of exfoliation, the removal of dead skin cells allows home care products to be more effective, reduces the appearance of fine lines, evens skin tone and assists in reducing milia, closed and open comedones, and minor breakouts associated with congested pores.

Dermaplaning can be an effective exfoliation method for clients that have couperose (tiny blood vessels near the surface of the skin), sensitive skin or allergies that prevent the use of microdermabrasion or chemical peels.

Due to the contours of the face, certain areas of the face (such as the eyelids and nose) are not treatable using this method.

Majority of clients receive noticeable, satisfactory to above average results with a series of treatments and a commitment to a daily skin care regimen. However, the outcome cannot be guaranteed as a maximum result is 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, I may inform you of long-term age management programs.

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 history or hypertrophic scarring or keloid formation; Hemophilia; Hormone therapy that produces thick pigmentation; Moles; Blood thinner medication; 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

I have been informed about the treatment, procedure, indications, expected results and possible side effects. I understand that I am required to have photographs taken before, during and after treatment for my medical records. Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case. I am undergoing treatment of my own free will.



I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment.

I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the nurse/skin care specialist and all my questions have been answered to my satisfaction.