



## **Dermaplane Exfoliation Consent**

You have a right to be informed about your condition and its treatment, so that you make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

I voluntarily request that my practitioner perform the dermaplane procedure. I acknowledge having been informed that this cosmetic procedure is intended to remove surface layers of the skin to improve the vitality of the skin.

I understand that my skincare professional can discover other, or different conditions that may require additional or different procedures than those planned. If my skincare professional discovers such other or different conditions, I will be referred to appropriate medical care provider.

I acknowledge that, while the goal of such a procedure is the removal of damaged skin, the realistic results average 50-75% improvement. I acknowledge that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients are improved and in others no appreciable improvements are noticed.

I also realize that the following risks and hazards may occur in connection with the particular procedure; worsening or unsatisfactory appearance, creation of additional problems such as: poor healing or skin loss, nerve damage, painful unattractive scarring, or recurrence or the original condition.

I have been advised that I must use sunscreen of SPF 20 or greater at all times throughout the course of treatment.

I have been informed that there are risks such as loss of blood and infection that are attendant to the performance of any exfoliation procedure.

I have been advised of alternative methods available for my treatment, which includes acid peels and laser skin resurfacing.

I acknowledge my obligation to follow the written and spoken instructions covering my pre and post treatment skincare regimen.

I understand that multiple treatments may be required. The cost of these was disclosed prior to the first treatment.



I have received a thorough explanation of my pre-exfoliation and post-exfoliation instructions. I understand these instructions and have received copies for reference. I understand that should I have additional questions; I should not hesitate to call.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, \_\_\_\_\_, HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

**PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE.**

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**Patient Signature & Date**