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| **DERMAPLANING**  I understand that dermaplaning involves the use of a surgical blade to remove fine vellus hair from the face, along with light exfoliation.  I understand the treatment may involve the risk of complication or injury and I freely assume those risks. Possible side effects of the treatment area can include mild redness of the skin, irritation and dryness. Additionally, nicks to the skin can occur due to the sharp surgical blade.  The hair that grows back will not be darker or thicker; however I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern.  **If a chemical peel is part of this treatment:** I understand that the sensation and penetration of the peel will be enhanced. This may cause skin irritation, mild discomfort, and tenderness, lightening or darkening of skin, infection, scarring, peeling and activation of cold sores.  I will call to inform my clinician of any complications or concerns as soon as they occur.  I certify that I have read the above consent and I fully understand it and I hereby consent to the dermaplaning treatment.  (Sign/Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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