DŌCERĒ

MEDICAL SPA & LASER CENTER

DERMAPLANING CONSENT

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I UNDERSTAND THAT, ALTHOUGH UNLIKELY, THERE IS A CHANCE THAT DERMAPLANING MAY CAUSE A SUPERFICIAL SCRAPE OR NICK IN THE SKIN.

I UNDERSTAND THAT I NEED TO REMAIN STILL AND QUIET DURING THE DERMAPLANING PROCEDURE. FAILURE TO DO SO COULD RESULT IN A SCRAPE OR NICK IN THE SKIN.

IF I DO NEED TO SPEAK, COUGH, OR SNEEZE, OR MOVE AT ALL DURING THE PROCEDURE I UNDERSTAND THAT I SHOULD RAISE MY HAND ALLOWING THE PROVIDER TO CEASE PROCEDURE.

I UNDERSTAND THAT CHILDREN ARE NOT ALLOWED IN THE TREATMENT ROOM DURING DERMAPLNING.

I AGREE THAT I HAVE NOT WAXED, LASERED, OR IPL 24 HOURS PRIOR TO DERMAPLANING

I AGREE THAT I HAVE NOT PARTAKE IN ANY LASER SKIN SERVICES OR IPL LASER TREATMENTS 2 WEEKS POST TO THE DERMAPLANING TREATMENT

I UNDERSTAND THAT DERMAPLANING IS A SUPERFICIAL EXFOLIATION WITH THE REMOVAL OF VELLUS HAIR OR "PEACH FUZZ". AN SPF IS A NECESSARY PART OF POST CARE.

NICKEL SENSITIVITY MAY BE A CONTRAINDICATION FOR DERMAPLANING. I RELEASE THE PROVIDER FROM LIABILITY IF MY NICKEL ALLERGY IS NOT DISCLOSED OR UNKNOWN.

THE HAIR IS EXPECTED TO GROW BACK BLUNT-ENDED. NEW HAIR WILL NOT APPEAR DARKER OR DENSER. HOWEVER, I DO UNDERSTAND THAT ANY HORMONAL IMBALANCE THAT MAY BE PRESENT WITHIN MY ANATOMICAL SYSTEM CAN ALTER 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.

PATIENT SIGNATURE..... **DATE**.....

CLIENT NAME.....