

Dermaplaning Treatment Consent

CLIENT INFORMATION

Client Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Date of Treatment: _____

TREATMENT OVERVIEW

Dermaplaning is a **manual exfoliation procedure** that uses a sterile surgical blade to gently remove dead skin cells and vellus hair (peach fuzz) from the surface of the skin.

This treatment helps improve:

- Skin smoothness and texture
- Product penetration
- Makeup application
- Dull or uneven skin tone
- Superficial congestion

Dermaplaning is considered a **non-invasive, superficial treatment**, however it does involve controlled exfoliation of the epidermis.

EXPECTED RESPONSES & NORMAL SIDE EFFECTS

I understand that the following responses are common and expected:

- Mild redness lasting several hours
- Temporary sensitivity
- Tightness or dryness
- Increased product absorption
- Mild tingling when applying products
- Temporary breakouts (purging) in acne-prone individuals

Results are temporary, and maintenance treatments may be recommended.

POTENTIAL RISKS & COMPLICATIONS

Although dermaplaning is considered low risk, I understand potential complications may include:

- Superficial nicks or abrasions
- Irritation or inflammation
- Breakouts or congestion
- Post-inflammatory hyperpigmentation (rare)
- Infection (if aftercare is not followed)
- Reactivation of herpes simplex (HSV-1) near the lip area

I understand that:

- Results vary based on individual skin condition
 - No guarantees have been made regarding outcomes
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CONTRAINDICATIONS & MEDICAL DISCLOSURE

I confirm that I have disclosed all relevant medical history, medications, and skin conditions.

Dermaplaning may not be appropriate if I have any of the following:

- Active acne lesions or cystic/inflammatory acne
- Active skin infection (bacterial, viral, or fungal)
- Active herpes simplex (cold sores)
- Open wounds, lesions, or compromised skin barrier
- Eczema, psoriasis, or dermatitis in the treatment area
- Recent sunburn or irritated/inflamed skin
- Use of Accutane (Isotretinoin) within the past 6–12 months
- History of keloid or hypertrophic scarring
- Uncontrolled diabetes or impaired wound healing
- Blood clotting disorders or use of blood-thinning medications
- Known sensitivities to products used during treatment

Recent treatments or procedures may require postponement, including:

- Chemical peels within 7–14 days
- Laser, IPL, or microneedling within 2 weeks
- Use of retinoids or exfoliating products within 3–5 days

I understand that failure to disclose this information may increase the risk of complications.

PRE-TREATMENT ACKNOWLEDGMENT

I confirm that:

- I have avoided excessive sun exposure prior to treatment
- I have disclosed any active skin conditions or sensitivities
- I understand that active breakouts may prevent treatment

POST-TREATMENT CARE AGREEMENT

I agree to follow all aftercare instructions provided.

For **24–48 hours following treatment**, I will:

- Avoid direct sun exposure and apply SPF 30+ daily
- Avoid exfoliating products (retinoids, AHA, BHA, enzymes, scrubs)
- Avoid waxing, laser, or chemical treatments
- Avoid excessive heat (sauna, steam, hot showers)
- Avoid strenuous activity causing excessive sweating for 24 hours

I understand that my skin will be more sensitive following dermaplaning.

HAIR REGROWTH ACKNOWLEDGMENT

I understand that dermaplaning does not alter the structure, thickness, or growth rate of vellus hair.

Hair will not grow back darker or thicker.

PRODUCT APPLICATION CONSENT

I understand that professional topical products may be applied during or after treatment.

I acknowledge that my skin may be more receptive and sensitive following exfoliation.

NO GUARANTEE OF RESULTS

I understand that aesthetic treatments are not an exact science and that results vary based on individual skin type and condition.

No guarantees have been made regarding the outcome of this procedure.

CLIENT CONSENT & LIABILITY RELEASE

I acknowledge that:

- The procedure has been explained to me
- I have had the opportunity to ask questions
- I understand the risks and benefits
- I am voluntarily consenting to treatment

I release **Dermodality Skin Solutions, DIME, its owners, providers, students, employees, and affiliates** from liability associated with this treatment, except in cases of gross negligence or willful misconduct.

PHOTO & EDUCATION CONSENT

- I consent to photos/videos for documentation, education, and marketing
 I do not consent
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SIGNATURES

Client Name: _____

Client Signature: _____

Date: _____

If Minor:

Parent/Guardian Name: _____

Signature: _____

Date: _____

Provider / Instructor Signature: _____

Date: _____

FOR INTERNAL USE ONLY

Student Name: _____

Instructor Name: _____

Observations / Notes: _____

DERMODALITY