KORIN KORMAN | Body+Beauty Lab

DERMAPLANING INFORMED CONSENT

This is an informed consent document which has been prepared to help your Medical Aesthetician inform you concerning the Dermaplaning Treatment, its risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please sign the consent for this procedure as proposed by your Medical Aesthetician and agreed upon by you, indicating that you have read the informed consent.

I, _____ authorize Medical Aesthetician _____ to perform the following procedure: **Dermaplaning**.

I understand that Dermaplaning is the process of removing superficial layers of dead skin cells and vellus hair on the skin's surface by the use of a sterile stainless steel surgical blade. This procedure produces an immediately more radiant appearance, and following this treatment skin care products penetrate deeper making them more effective.

The 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.

Your fresh, newly exposed skin will be delicate. It is important that you use a mild cleanser and keep the skin well moisturized particularly around the delicate eye rea. You should use a full spectrum sunblock daily, avoid the use of Retin-A, alpha or beta hydroxyl acid products and all forms of scrubs for at least 2q4 hours after the treatment. Avoid swimming and tanning beds for at least one week.

SIDE EFFECTS AND ADVERSE EXPERIENCES THAT MAY OCCUR

- Skin may feel tight, warm, irritated and dry after the treatment, but this sensation should resolve within 24 hours.
- Mild redness and swelling might appear with more intensive treatments.
- Anytime the skin barrier is broken there is a small risk of bacterial or viral infection.
- I understand that nicking, scraping or abrading to the skin can occur due to the sharp surgical blade.
- I understand that the sensation and penetration of a chemical peel as a part of the treatment with the Dermaplaning service will be enhanced, which may cause skin irritation, mild discomfort, and tenderness, lightening and darkening of the skin, infection, scarring, peeling and possible activation of a cold sore.

CONSENT

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees should they be required. The fees charged for this procedure

do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the elos Plus and will also be your responsibility.

I agree to follow up with Body+Beauty Lab at the recommended intervals to monitor the effectiveness of the treatment, and to contact Body+Beauty Lab to advise of any change in my condition or any problem I may experience.

In signing this consent for this procedure, you acknowledge that you have read the informed consent and have been informed about its risks and consequences and accept responsibility for the clinical decisions that have been made, along with the financial costs of all treatments and future treatments. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the Medical Director, Medical Aesthetician and Body+Beauty Lab from liability associated with this procedure. I give my informed consent for a Dermaplaning treatment today as well as future treatments as needed.

Client Signature _____ **Date** _____

Medical Aesthetician Signature _____ **Date** _____