Dermatology Associates of the South Bay  
Amber Kyle, M.D. & Associates  
  
**Consent Form for Dermaplaning**   
  
  
Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dermaplaning is a form of manual exfoliation similar in theory to microdermabrasion but without the use of suction or abrasive crystals. A sterile blade is stroked along the skin at an angle to gently “shave off” dead skin cells from the epidermis. Dermaplaning also temporarily removes the fine vellus hair of the face, leaving a very smooth surface. As with any type of exfoliation, the removal of dead skin cells allows home care products to be more effective, reduces the appearance of fine lines, evens skin tone and assists in reducing milia, closed and open comedones, and minor breakouts associated with congested pores. Dermaplaning can be an effective exfoliation method for clients that have couperose (tiny blood vessels near the surface of the skin), sensitive skin or allergies that prevent the use of microdermabrasion or chemical peels. Due to the contours of the face, certain areas of the face (such as the eyelids and nose) are not treatable using this method.   
 **\_\_\_\_\_\_\_\_\_ Client Initials**

What should you expect during your treatment? As your esthetician, I will perform a thorough skin analysis prior to your first dermaplaning. If dermaplaning is not appropriate, you will be informed during this session and an alternative treatment may be recommended instead. If dermaplaning is not contraindicated, maximum results are obtained by participating in a series of treatments plus following a home care regimen. I will review your current daily regimen and skin care products, advise you on which products you should continue to use, and recommend any additional products or changes to your regimen to enhance your desired outcome.  
  
 **\_\_\_\_\_\_\_\_\_ Client Initials**

As your esthetician, I take every precaution to ensure that your skin is well hydrated and calm following each session. However, you may experience excessive dryness or even some peeling between sessions, which may or may not be normal. Always contact the office if you have any concerns. More sensitive skin may experience some redness after the first couple of sessions. This normally goes away after 2 to 3 hours. Dermaplaning may cause minor superficial abrasions which may not appear until a day or two following your treatment. If this should occur, please contact me so that I can do a post-treatment follow up with you. After your treatment, SPF 30+ MUST be worn at all times. Tanning beds should never be used.   
  
 **\_\_\_\_\_\_\_\_\_ Client Initials**   
  
Is satisfaction guaranteed? The majority of our clients receive noticeable, satisfactory to above average results with a series of treatments and a commitment to a daily skin care regimen. However, this outcome cannot be guaranteed as maximum results are highly dependent on age, cumulative sun exposure, health, lifestyle, genetic traits, general skin condition, and willingness to follow recommended protocols. Be aware that many changes may occur deeper within the skin over time. To continue the maintenance of your skin after you complete your treatment(s), I may inform you of long-term age management programs.

**\_\_\_\_\_\_\_\_\_ Client Initials**

**Contraindications**   
Although it is impossible to list every potential risk and complication, the following conditions are recognized as

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contraindications for dermaplaning treatment and must be disclosed prior to treatment.

• Active acne   
• Active infection of any type, such as herpes simplex or flat warts. • Any raised lesions • Any recent chemical peel procedure   
• Chemotherapy or radiation   
• Eczema or dermatitis   
• Family history of hypertrophic scarring or keloid formation   
• Hemophilia   
• Hormonal therapy that produces thick pigmentation • Moles • Oral blood thinner medications • Pregnancy   
• Recent use of topical agents such as glycolic acids, alpha-hydroxy acids and Retin-A • Rosacea • Scleroderma   
• Skin Cancer   
• Sunburn   
• Tattoos   
• Telangiectasia/erythema may be worsened or brought out by exfoliation   
• Thick, dark facial hair   
• Uncontrolled diabetes   
• Use of Accutane within the last year   
• Vascular lesions   
  
**\_\_\_\_\_\_\_\_\_ Client Initials**   
  
**\_\_\_\_\_\_\_\_\_ Client Initials** I have been informed about the treatment and everything has been explained to my satisfaction.   
  
I understand there is a risk of injury and I agree to assume those risks. These risks include irritation, dryness and redness of the skin being treated. I understand that 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. Due to the use of a surgical blade in this treatment, there is a possibility of small cuts to the skin being treated.

**\_\_\_\_\_\_\_\_\_ Client Initials**  
  
If a chemical peel, Microneedling or Facial are part of this treatment: I understand that the sensation and penetration of the secondary service will be enhanced. This may cause skin irritation, mild discomfort, tenderness, lightening or darkening of the skin, infection, scarring, peeling, and activation of cold sores.

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am 18 years of age, or I have a parental consent co-signed below. I will call to inform my esthetician of any complications or concerns as soon as they occur.   
  
 **\_\_\_\_\_\_\_\_\_ Client Initials**   
  
  
**Client Name** (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Client Name (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
  
**Esthetician** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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