



Your Global Skin Specialist

INFORMED CONSENT: DERMAPLANING

Please read the following information and acknowledge that you understand and accept all provisions by signing below.

I, _____, acknowledge and understand Dermaplaning is a form of manual exfoliation. A medical grade, 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, and I may receive added improvements such as reduction in the appearance of fine lines & temporary fading of pigmentation. I acknowledge that the Dermaplaning treatment is not an exact science and that no specific guarantees can or have been made concerning the expected result. I understand that the degree of improvement is variable and maximum results are obtained by participating in a series of treatments plus following a home care regimen. I also acknowledge that due to the contours of the face, certain areas of the face (such as the eyelids and nose) are not treatable using this method.

I understand that if I add glycolic or other chemical peel solutions onto my Dermaplaning treatment that I may achieve greater results, but I will also assume greater risks and have discussed these risks with my skincare therapist.

I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur.

If I am prone to herpetic outbreaks, I understand that I may be advised to see a physician about appropriate prescriptions or supplements to control outbreaks prior to treatments.

I acknowledge that the success of my treatment depends on me and I have an obligation to follow the written and spoken instructions concerning pre and post treatment care in order to achieve optimal results.

I understand multiple treatments are recommended to see optimal results. The cost of treatment has been disclosed to me and I understand that payment is due at the time services are rendered.

I am over 18 years of age or have parental consent form signed and attached.

I will call to inform my skincare specialists of any complications or concerns as soon as they occur.

I have read the contents of this consent form carefully and I fully understand it. I have been given the opportunity for discussion pertaining to Dermaplaning treatments and all my questions have been answered to my satisfaction. I hereby release Quench Esthetics, Quench Ethnic Skin Solutions, LLC, and any of its employees against any and all liability associated with this procedure. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with the Dermaplaning treatment.

Patient's Name (Printed): _____

Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____