

VERY AESTHETIC SKIN + BROWS

DERMAPLANING CONSENT

I, _____ give my consent for Dermaplaning to be performed by **LaRonya Smith, L.E. at Very Aesthetic Skin + Brows.**

Dermaplaning is a physical exfoliation that removes dead skin cells and vellus hair from the face. This form of exfoliation smooths the skin and allows for the active ingredients in skincare products and treatments to penetrate deeper into the skin furthering their anti-aging benefits.

I understand there are contraindications to this treatment, including but not limited to diabetes, cancer, active acne, bleeding disorders and the inability for blood to coagulate following injury. Certain medications **including blood thinners, higher dosages of Aspirin, and Accutane are contraindications** for this treatment due to increased sensitivity and/or the possibility of delayed clotting from a nick or cut.

I certify that I am not taking any of the above medications or experiencing any of the above conditions. Alternative treatments such as waxing to remove vellus hair and microdermabrasion for exfoliation, along with their associated risks, have been explained as other options.

I understand this treatment involves the use of a surgical blade to remove dead skin and vellus hair. As with the use of any sharp instrument there is the possibility of nicks or cuts. While every precaution is taken, **I understand the risks and consent to receive treatment today.**

I certify that it has been at least 1 week since Botox/Filler, at least 5 days since use of Retin-A, at least 4 weeks since Accutane [Isotretinoin] use, at least 14 days since chemical peel??

Any presence of cold sores requires rescheduling.

Other contraindications include, but not limited to: Diabetes, cancer (undergoing treatment), blood thinners or history of bleeding problems, frequent use of Aspirin (high dosage), sun/wind burn, grade 3 acne or above, clients with high anxiety, clients prone to post inflammatory hyperpigmentation

Signature

Date

**If you love your skin after, enroll in the monthly membership
and save 20% on your favorite treatment!**



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Concerns:

Desired Outcome:

Medical History Reviewed? Yes No

Informed Consent Signed? Yes No

Before/After Photos? Yes No

Skin Analysis:

Service Provided:

Areas Treated: Face Neck Décolleté Body: _____

Products Used:

Cleanser: _____ Skin Prep Toner:

Exfoliating: Scrub Dermaplaning Microdermabrasion Enzyme Peel

Other: _____ Details:

Peel: _____ # of layers: _____ Time: _____ Heat Level: [1-10] _____

Extractions: Yes No Details:

Mask: Yes No Details:

Other modalities: Steam Clarisonic Microcurrent MicroNeedling High Frequency

Details:

Serum: _____ Eye Cream: _____

Moisturizer: _____ SPF: _____

Notes: _____

Product Recommendations/Purchases:

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