

# DERMAPLANING CONSENT

*Form*

I consent to and authorize **BRANDY PASCHALL MASSAGE & ESTHETICS** to carry out the following procedure:

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Dermaplaning is a physical/mechanical form of exfoliation using a specialized dermaplaning blade for the removal of built up dead skin cells and vellus hair.

I understand this treatment involves the use of a sterile, surgical blade to remove dead skin cells and vellus hair. As with the use of any sharp instrument, there is the possibility of nicks or cuts.

I understand there are contraindications to this treatment, including but not limited to, diabetes (that's not controlled by diet or medications), cancer, active acne, bleeding disorders, the inability for blood to coagulate or the development of keloids following injury. Certain medications including blood thinners, higher dosages of Aspirin, and Accutane are contraindicated for this treatment due to the possibility of delayed clotting from a nick or cuts.

I certify that I am not taking any of the medications or experiencing any of the above conditions.

While every precaution will be taken to avoid nicks, cuts and scratches, I understand the risks and consent to treatment today.

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Client Name (printed)

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Client Signature

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Date