

Progressive Laser LLC

"Science enhancing Beauty..."

Dermaplaning Consent and Release Form

Please read carefully, complete, sign and date this form prior to your procedure



Name: _____

Phone: _____

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

I, _____, acknowledge and understand that while the goal of this treatment is superficial exfoliation and improvements such as reduction in the appearance of fine lines & temporary fading of pigmentation I may receive added the removal of vellus hair (peach fuzz). The nature and purpose of the treatment has been explained to me, and any questions I have regarding this procedure have been answered to my satisfaction.

___ I understand that this procedure uses a #14 blade, which is mildly abrasive therefore I will follow the explicit instructions of my skin care professional.

___ I realize the goal of this treatment is the removal of dead skin cells that have built up on the surface of the skin.

___ I understand there is potential to receive a paper cut nick from the blade. I understand my skin care provider will treat the area if this should arise.

___ 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 do not have active herpes simplex or active infection

___ I WILL protect my skin from direct sun for 3 days post procedure & use broad spectrum sunblock of 30.

___ I WILL avoid hot baths/showers, tanning beds, sweating and strenuous exercise for at least 3 days post procedure

___ I WILL avoid rubbing, picking and scrubbing my skin post procedure, for I understand it could lead to scarring

___ I WILL NOT use retinoids or other exfoliation agents until my skin is healed.

___ I understand that Dermaplaning will not make my hair grow any differently, and it will grow back in the same rate, texture and color as before.

___ 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 have been adequately informed of the risks and benefits of this treatment and wish to proceed with the Dermaplaning treatment.

Client Signature _____ Date _____

Aesthetician Signature _____ Date _____