



Dermaplaning Disclosure & Consent

Treatment Details

Dermaplaning is a physical form of exfoliation using a specialized dermaplaning blade for the removal of built-up dead skin cells and vellus hair on the face and neck. Following the treatment skin will be softer, smoother, and better able to absorb the active ingredients in skincare products.

Please Initial Next to Each Statement & Sign Prior to Treatment:

- _____ I understand that Dermaplaning is the process of removing superficial layers of dead skin cells and vellus hair on the skin's surface by the use of a sterile blade.
- _____ I understand that there may be unforeseen risks with Dermaplaning such as nicking, scraping or abrading the skin with the blade.
- _____ I understand that possible side effects of the treatment area can include mild redness of the skin, irritation and dryness.
- _____ I understand that if a chemical peel is part of this treatment, that the sensation and penetration of the peel will be enhanced. This may cause minor skin irritation, mild discomfort, and tenderness, lightening or darkening of the skin, peeling and activation of cold sores.
- _____ I understand the results of this treatment may vary due to conditions such as age, condition of skin, sun damage, climate, etc.
- _____ I understand that in order to see significant results these treatments need to be done in a series and in combination with using active ingredient skin care products.
- _____ I understand that direct sun exposure, including tanning beds, is not recommended while undergoing treatment and the use of a daily sun block protection is mandatory.
- _____ I understand that any facial injections should be avoided 10 days before this treatment.
- _____ I am not using Retin A®, or other retinol derivatives, products containing Alpha Hydroxy Acids (AHA) or Beta Hydroxy Acids (BHA) and have been off these products at least 3 days prior to treatment.
- _____ I understand certain conditions and medications are contraindicatory to this treatment, including but not limited to cancer, active acne, bleeding disorders, diabetes (not controlled by diet or medication), blood thinners, high doses of Aspirin or Accutane. If you experience any of these conditions or take any of these medications, The Spa at the Woodstock Inn & Resort will not perform this treatment.
- _____ I have been advised not to exercise after my treatment.

Client Name (Print) _____ Client Signature _____

Date _____