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Dermaplane Consent Form

Please initial and sign below.

_____ I understand that dermaplaning is the process of removing superficial layers of dead skin cells on the skin's surface by the use of a sterile blade.

_____ I have been explained the process of dermaplaning by my Aesthetician and have had the opportunity to ask any questions.

_____ I understand that results may not be seen in a single treatment. The ideal plan of treatment is to have at least one dermaplaning treatment as directed by my Aesthetician to enhance any skin conditions and follow up with maintenance treatments as needed.

_____ I understand, for optimum results, the importance of following the pre-prep home care system as well as the post-home care system recommended to me by my Aesthetician.

_____ I understand that there may be unforeseen risk with dermaplaning such as cutting, scraping, or abrading the skin with the blade.

_____ I am satisfied with the information provided to me regarding dermaplaning and agree to have the procedure performed on me.

Is there anything that we should be aware of before your dermaplaning procedure?

I am fully aware of the risks involved and hazards connected with skin care treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as result of being engaged in such an activity, whether caused by the negligence or otherwise.

Patient's Printed Name over Signature

Date