

Consent Form for Derma-planing

To the PATIENT: You have a right to be informed about your condition and it's treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold your consent for treatment.

- I understand that Derma-planing involves the use of a surgical blade to remove fine vellus hair from the face, along with light exfoliation.
- The nature and purpose has been explained to me and any questions I have regarding the treatment have been answered to my satisfaction.
- I understand that the treatment may involve the risk of complication or injury and I freely assume those risks. Possible side effects of the treatment area can include mild redness of the skin, irritation, and dryness. Additionally, nicks to the skin can occur due to the sharp surgical blade. The hair that grows back will not be darker or thicker, however I do understand that any hormonal imbalance that may be present within my anatomical system can alter the normal hair growth pattern.

If a chemical peel is part of this treatment: I understand that the sensation and penetration of the peel will be enhanced. This may cause skin irritation, mild discomfort, tenderness, lightening or darkening of the skin, infection, scarring, peeling, and activation of cold sores.

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am 18 years of age, or I have a parental consent co-signed below.

I will call to inform my clinician of any complications or concerns as soon as they occur.

I certify that I have read the above consent and I fully understand it and I hereby consent to the Derma-planing treatment.

Patient Signature: _____ Date: _____