Infinite Skin
Aesthetic Medical Spa

1665 43rd St S
Suite 108
Fargo, ND 58103
701-282-9642
www.infiniteskinfargo.com

Dermaplane Consent

I understand that Dermaplaning involves the use of a sterile surgical blade to remove fine Vellus hair and dead layers of skin from the face.

The nature and purpose of this treatment 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. Patients will be informed and the area will be treated if this occurs. The hair is expected to grow back blunt ended. New hair will not appear darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter my normal 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, infections, scarring, peeling and may activate any 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 a competent adult of at least 18 years of age, or that, if I am a minor under the age of 18, I understand that the consent of my parent/guardian having legal custody will also be required before treatment. I agree and adhere to all safety precautions and regulations during the skin treatment.

I have received and understand the post care recommendations as follows: no sun exposure for 48 hours. Moisturize as needed. Use a gentle cleanser only. Use of sunscreen is HIGHLY recommended for the 7 days following treatment.

Patient Name: _____ Date: _____

Signature: _____

Signature of Parent/Guardian if needed: _____