



SKIN STUDIO KC

1150 West 81st Street, Suite 100
Kansas City, MO 64114
amy@skinstudiokc.com
(816) 729-5324

CONFIDENTIAL

Dermaplaning Consent

DATE _____
NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
EMAIL _____
DATE OF BIRTH _____

I, _____ give my consent for dermaplaning to be performed by Amy Scarborough of Skin Studio KC.

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

I understand this treatment involves the use of the sterile, surgical blade to remove dead skin cells and vellus hair. As with the use of any sharp instrument, there is the possibility of nicks or cuts.

I understand there are contraindications to this treatment, including but not limited to, diabetes (not controlled by diet or medication), cancer, active acne, bleeding disorders, the inability for blood to coagulate, or the development of keloids following injury. Certain medications including blood thinners, higher dosages of Aspirin and Accutane are contraindicated for this treatment due to the possibility of delayed clotting from a nick or cut. I certify that I am not taking any of the above medications or experiencing any of the above conditions. While every precaution will be taken to avoid nicks, cuts, and scratches, I understand the risks and consent to treatment today.

Name

Signature

Date

Witness