

Dermaplane & Chemical Exfoliation Consent

Please read each section of the following consent form. Kristin encourages stimulating the skin with the categories listed to achieve maximum results. Though you may not receive every form of exfoliation in a single treatment, it is very likely you will advance to different stages of exfoliation and skin rejuvenation. Please Acknowledge that proper balancing of the skin will achieve the greatest results prior to obtaining treatments and maintaining skin integrity. It is highly recommended to balance and condition the skin through the use of quality homecare products, that may extend, but not replace the importance of professional treatments.

DERMAPLANING I realize the goal of this treatment is the removal of superficial facial hair, but mostly exfoliation of dead skin cells. I understand that this procedure uses a sharp blade and will refrain from conversation when Kristin is working around the mouth area. I understand with any treatment certain risks are involved and that complications or side effects from known or unknown causes could occur. I freely assume these risks.

CHEMICAL EXFOLIATION I acknowledge that no guarantee has been made about the results of the procedure. Although it is impossible to list every potential risk and complication, I have been informed of the possible risks and complications which may include, but are not limited to, the following:

- Stinging, itching, irritation
- Redness and swelling of the skin
- Tightness, peeling or scabbing of treated skin and the surrounding areas
- Prolonged skin sensitivity to wind such as environmental elements
- I understand I may or may not actually peel, that each case is individual - Amount of peeling does not correlate with degree of improvement. I agree to immediately inform the aesthetician if I have concerns, or am overly uncomfortable during the treatment, or after I return home.

I agree to inform Kristin when I introduce new medication(s) and/or product(s) during the course client/aesthetician relationship. I attest that I have had an opportunity to ask questions and have had questions answered to my satisfaction.

I certify that: • I am not pregnant or breastfeeding (if receiving chemical exfoliation) • I have not used isotretinoin/Accutane in the past 12 months • I do not have a history of radiation to the treated area • I do not have active herpes simplex or active infection • I will protect my skin from direct sun for 3 days post procedure • I will avoid rubbing, picking and scrubbing my skin post procedure, for I understand it could lead to scarring.

I hereby consent to and authorize Kristin Green L.E. of Green Skin LLC to perform the following treatment: _____

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved, by Kristin Green L.E. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult Kristin immediately. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the aesthetcian, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Practitioner: Kristin Green _____ Date _____

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This form has been modified from Associated Skin Care Professionals