



Spa La La
 Brows • Skincare • Massage

3425 Bee Cave Rd. Suite B2 West Lake Hills, TX 78746 512-273-3700

Dermaplaning Client Consent

I have not had any facial procedures, chemical peels, or skin treatments that I have not disclosed to my esthetician. I am not ingesting or topically using any other over the counter products or prescription medication that has not been disclosed to my esthetician. (ex. Retin-A, Renova, Adapalene Hydroxy Acid, or Retinol/Vitamin A derivative products, any acne medication) If you have used any of these products in the last 3 months, please specify below.

 Client Initials

If you answered yes to any of the above, please specify which and length of use/last time used.

Please explain any known allergies to skincare products/chemicals or items like latex gloves, etc.

Do you have any special skin concerns pertaining to your face? What do you hope to accomplish with this treatment today?

I am willing to follow recommendations made for a home care regimen that can minimize or eliminate possible negative reactions. I will apply sunscreen of at least SPF 15, avoid the sun, tanning booths, and extreme weather conditions.

 Client Initials

I have given an accurate account of any over the counter or prescription medications that I use regularly. I have had sufficient opportunity for discussion to have any questions answered. I understand that results vary. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my esthetician immediately.

 Client Initials

I consent to taking photographs to monitor treatment effects, as desired or recommended by my esthetician.

 Client Initials

I have read the above information and initialed each section to indicate that I fully understand what to expect. I relieve _____ and **Spa La La** from any liability resulting from any adverse reaction that may result from this treatment. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosure.

 Client Initials

Client Printed Name _____

Date _____

Client Signature _____

Date _____

Esthetician Signature _____

Date _____

Post-Treatment/Home Care

- Aerobic exercise or vigorous physical activity should be avoided until any and all redness has subsided.
- Direct sunlight is to be completely avoided immediately following the treatment (including tanning beds). If some sun exposure can not be avoided, first apply sunscreen with an SPF of 30 or greater. Although sunscreen should be a part of your daily skin care regimen, for a minimum of two weeks, a sunscreen with an SPF of at least a 15 must be applied.
- Cleanse your face with a mild cleanser for the next three days following your dermaplaning treatment.