



Dermaplane Consent Form: Please circle any of the following that apply to you.

Medical Conditions Circle if you have experienced within the last year.	Medications Circle if you have taken within the past year.	Other
<ul style="list-style-type: none"> • Active Acne • Bleeding Disorders • Cancer • Diabetes • Inability for blood to coagulate following injury 	<ul style="list-style-type: none"> • Accutane • Aspirin • Blood Thinners 	<ul style="list-style-type: none"> • Physician Supervised Skin Care Products or Light Facial Peels • Facial waxing within last 7-14 days • Laser Skin Resurfacing • Botox within the last 24 hours

I, _____ hereby acknowledge that I have read and understand the above statements and circled all that apply to me.

I further understand that this treatment involves the use of a sterile surgical blade to remove dead skin cells and vellus hair. As with the use of any sharp instrument, there is a possibility of nicks or cuts. I also understand I might experience side effects including but not limited to **allergic reaction, skin redness/irritation, tightness, slight swelling, breakouts, skin peeling or burns.**

While every precaution is taken, I understand the risks and consent to today's treatment.

Release of All Claims Form: The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., it's employee's and agents, shareholders, successors and assigns for and from any and all liability, claims, demands, damages and causes of action, of any kind, including but not limited to personal injuries, medical expenses, pain and suffering, lost wages and all other damages, whether now known or unknown, resulting from the rendering of service's at Mitchell's Salon & Day Spa Inc.

Client Signature: _____

Date: _____

Esthetician Signature: _____

Date: _____