



Adam J. Scheiner, M.D.

Laser Eyelid & Facial Plastic Surgery

4303 N. Gomez Avenue, Tampa, Florida 33607
(813) 367-1915 Phone (877) 808-1915 Fax
www.AdamScheinerMD.com

Dermaplaning Consent

I understand that Dermaplaning involves the use of a 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 possible side effects of the treatment area can include mild redness of the skin, irritation, tightness and dryness. Additionally, nicks to the skin can occur due to the sharp blade and natural curves of the face. Patient will be notified and the area will be treated if necessary. 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 normal hair growth pattern.

If a chemical peel is part of this treatment I understand that the sensation and penetration of the peel will be enhanced, which may cause skin irritation, mild discomfort, tenderness peeling and activation of cold sores to those who are prone to them.

I have read this entire consent and 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 who 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 prolonged sun exposure for 7 – 10 days, use hyaluronic acid as needed or a gentle moisturizer with no AHA’s or BHA’s, use a gentle cleanser only. The use of a 30 or greater SPF is highly recommended daily.

Patient Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____