



PRE & POST CARE: DERMAPLANING

PRE TREATMENT INSTRUCTIONS:

Please let skin care specialist know if you are on any medications (topical or oral), have any medical conditions, or are being treated by a physician for any conditions.

Let your skincare specialist know if you have been diagnosed with cold sores or Herpes simplex.

No shaving, peels, waxing or aggressive exfoliation one week prior to Dermaplaning treatment.

You must wait 7 days after receiving Botox, Xeomin, Dysport or ANY dermal fillers prior to receiving a Dermaplaning treatment.

THE PROCEDURE:

There is no pain or discomfort during the Dermaplaning procedure. It is best to relax and allow the skin care specialist to move and manipulate the position of your head and face.

Try to remain still. There is no gum chewing allowed during the treatment and talking will be restricted by your specialist at certain key times during your procedure.

POST TREATMENT INSTRUCTIONS:

- * Use gentle cleanser, apply hyaluronic serum & moisturizer twice daily for 7 days post procedure.
- * Avoid sun exposure for a minimum of 3-5 days post treatment.
- * Apply Sunblock 30-40 SPF per hour, wear a wide brimmed hat, seek shade when possible.
- * No workouts, sauna, steam rooms or excessive heat exposure for 3-5 days.
- * Avoid chlorine for 48 hrs.

- * Avoid facial waxing for 7-10 days.
- * Avoid Botox, Xeomin, Dysport or any facial fillers for 2-4 weeks post treatment.
- * Do not pick, pull, scratch or aggressively rub any of the treated area.
- * No scrubs, polishers or aggressive brushes (clarisonic) should be used for 7 days.
- * **DO** apply serums (HA) as absorption levels will be elevated.
- * You may experience slight peeling for the first few days. Slight windburn sensation &/or blotchiness are normal the first few days. Skin care may tingle or slight burn for the first couple of days post procedure.

For best results, Dermaplaning treatments are recommended every 4-6 weeks.

Sign below to acknowledge a copy of the pre & post care instructions and all of your questions have been answered.

Patient Name (printed): _____

Patient Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____