

PRE & POST CARE: DERMAPLANING

PRE TREATMENT INSTRUCTIONS

Please let your skincare specialist know if you are on any medications (topical and/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 exfoliations one week prior to Dermaplaning treatments.

You should wait 7 days after receiving Botox or Dermal Fillers to receive Dermaplaning treatments.

THE PROCEDURE

There is no pain or discomfort during the Dermaplaning procedure. It is best to relax and allow the skincare 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 skincare specialist at certain key times during the treatment.

POST TREATMENT INSTRUCTIONS

- Use a gentle cleanser and apply moisturizer at least twice daily for a minimum of 7 days post treatment.
- Avoid sun exposure as much as possible for a minimum of 3 days post treatment. If you must be in the sun, apply SPF 30 or greater, reapply often, wear a wide brimmed hat, and seek shade when possible. Be careful of sun exposure and wear sunscreen daily for 2 weeks.
- Avoid excessive heat 3 days post treatment, i.e. heavy workouts, steam rooms or saunas, etc.
- Avoid chlorine for 24 hours.
- Avoid facial waxing for 7 days.
- Avoid Dermal Fillers or Botox for 2 to 4 weeks based on area.
- Do not pick, scratch, or aggressively rub the treated area.
- No scrubs, polishers, or aggressive brushes should be used for 7 to 14 days.
- Do apply serums as absorption levels will be elevated
- You may experience slight peeling for the first few days. Slight windburn sensation and/or blotchiness are normal for the first few days. Skin care products may tingle or slightly burn for the first 2 days.

For best results, Dermaplaning treatments are recommended every 3-5 weeks.

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

Patient's Name (Printed): _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____