



720.254.9234  
8770 East Arapahoe Road  
Centennial, Colorado 80112

## Dermaplane Consent Form

Date \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

You have the right to be informed about the potential risk of the procedure to be performed. These risks include but may not be limited to: scarring, flares of herpes simplex, erythema and excess skin sensitivity.

I have read the above information and fully understand what to expect. If I have any questions or concerns I will address them with Gale Love. I release Love Skincare Center, LLC, the medical director and Gale Love, PMA, from any liability that may result from this treatment.

### Love Skincare Center, LLC. Policies:

- 1. A full twenty-four hour cancellation notice is appreciated to avoid a 50% service charge.**
- 2. Love Skincare Center does not issue cash refunds.**
- 3. To better serve you, an initial consultation is required before dispensing any product.**

I fully understand and agree to the above policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Aesthetician \_\_\_\_\_ Date \_\_\_\_\_

