

**Fabulous Faces by JOZ Designs**  
**617 E 16<sup>th</sup> Street**  
**Plano, TX 75075**  
**Juanita Zapata Flint 214-697-1754**

## **Skin Penning with Dermaplaning**

I, \_\_\_\_\_ have read, and completely understand and I Consent to the Skin Penning and Dermaplaning Procedures. to be performed by Juanita Zapata Flint APRN, FNP-C on myself and agree to further/subsequent treatments as she/he deems necessary. I will not hold the NP liable for any damages unforeseen or otherwise in whole or in part due to the procedure(s) I have agreed to undertake herein.

I understand that my Nurse Practitioner will be in direct contact with me in relation to the Dermaplaning treatment. The treatment involves the use of a disposable sterile surgical blade. All other equipment is disinfected and or sterilized before each use, all surfaces involved in the process are protected and gloves always worn during the treatment(s).

Juanita Zapata Flint APRN, FNP-C has discussed the before and after care for this procedure and I must follow the instructions. I have a complete understanding of this procedure that I am about to undertake. I hereby give written consent to the specialist who is fully trained, to carry out the treatment of my choice as requested by myself within this consent agreement.

Client Name (print): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Juanita Zapata Flint APRN, FNP-C \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Juanita Zapata Flint APRN, FNP-C Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_