

Photography

I consent to clinical photographs being taken before, during, and/or after treatment for my medical record and treatment documentation.

Separately, I choose to allow Beautox Bar to use my photographs for marketing, education, or promotional purposes (website, social media, print, or similar). Clinical documentation photos may still be taken even if I decline marketing use. Please initial one option:

I authorize anonymous / de-identified marketing, education, and promotional use of my treatment photographs.

Financial Responsibility

I understand that fees for this treatment are due in accordance with Beautox Bar policies as explained to me. Fees are generally non-refundable once treatment has been provided. Package or series pricing, if applicable, has been or will be explained before treatment begins.

Release

To the fullest extent permitted under Minnesota law, I release and hold harmless Beautox Bar LLC, Beautox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed this treatment as described in this consent. This release does not apply where prohibited by law, or to claims resulting from gross negligence, reckless conduct, or intentional misconduct.

BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369

Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127

Phone: 763-205-6952 • Website: www.beautoxbar.com

INFORMED CONSENT FOR DERMAPLANING

Performed only by a Registered Nurse (RN) licensed in Minnesota (or holding appropriate MN practice authority)

Client Name: _____

Date of Birth (optional): _____ **Date:** _____

Instructions / Purpose of This Informed Consent

Please read this entire form carefully. It explains the nature, purpose, benefits, risks, alternatives, and limitations of Dermaplaning that may be performed for you at Beautox Bar by a Registered Nurse (RN). Ask questions before you sign. Signing means you understand the information, have had your questions answered, and voluntarily consent to treatment as described. You may refuse or stop treatment at any time.

Clinic Entities Providing Care

I consent to evaluation and treatment by Beautox Bar LLC (Maple Grove, MN) and/or Beautox Bar WBL LLC (White Bear Lake, MN) (together, "Beautox Bar," the "Clinic," or "we/us"), including their medical director(s), licensed medical providers, and authorized clinic team members. Care may be provided at either location. This consent applies to services at both entities. For Dermaplaning specifically, treatment is performed only by a Registered Nurse (RN) as described below.

Who Performs Dermaplaning — Registered Nurse (RN) Only

Dermaplaning at Beautox Bar is performed ONLY by a Registered Nurse (RN) who is licensed in Minnesota or who otherwise holds appropriate Minnesota practice authority for this service. Dermaplaning at Beautox Bar is not performed by an esthetician, medical assistant, or other non-RN staff for this procedure.

I acknowledge and agree that my Dermaplaning treatment will be provided by a Registered Nurse (RN). The Clinic Team Member who signs this form is the treating RN (or documents the treating RN as indicated on the signature block).

What Is Dermaplaning

Dermaplaning is a physical exfoliation procedure in which a Registered Nurse (RN) uses a sterile surgical blade held at a controlled angle to gently remove the outermost layer of dead skin cells (the stratum corneum) and fine vellus hair ("peach fuzz") from the face (and/or other agreed treatment areas). The goal is to improve the appearance of

Photography

I consent to clinical photographs being taken before, during, and/or after treatment for my medical record and treatment documentation.

Separately, I choose to allow Beautox Bar to use my photographs for marketing, education, or promotional purposes (website, social media, print, or similar). Clinical documentation photos may still be taken even if I decline marketing use. Please initial one option:

I authorize anonymous / de-identified marketing, education, and promotional use of my treatment photographs.

Financial Responsibility

I understand that fees for this treatment are due in accordance with Beautox Bar policies as explained to me. Fees are generally non-refundable once treatment has been provided. Package or series pricing, if applicable, has been or will be explained before treatment begins.

Release

To the fullest extent permitted under Minnesota law, I release and hold harmless Beautox Bar LLC, Beautox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed this treatment as described in this consent. This release does not apply where prohibited by law, or to claims resulting from gross negligence, reckless conduct, or intentional misconduct.

skin texture and smoothness, support better absorption/appearance of topical products, and make makeup application appear more even.

Dermaplaning is not a permanent hair-removal method. Vellus hair typically regrows. A common myth is that hair grows back thicker or coarser after dermaplaning; dermaplaning does not permanently change hair thickness or coarseness. Regrowth characteristics may temporarily feel different as hair length changes, but the hair type itself is not permanently altered by this procedure.

Potential Benefits (No Guarantees)

Potential benefits may include smoother-appearing skin, reduced appearance of fine vellus hair in the treated area, improved look of product absorption, and easier makeup application. Individual results vary. No particular cosmetic outcome is promised or guaranteed.

Contraindications / Who Should Not Be Treated or Needs Clearance

I understand that Dermaplaning may not be appropriate, or may require special caution and clearance by the treating Registered Nurse (RN) or medical director, if I have any of the following. I agree to disclose these conditions before treatment:

- Active cold sores / herpes simplex outbreak in or near the treatment area
- Open wounds, cuts, abrasions, or sunburn in the treatment area
- Active skin infection in the treatment area
- Inflamed acne, cystic acne, or pustular lesions in the treatment area
- Eczema, psoriasis, or dermatitis flare in the treatment area
- Recent Accutane® (isotretinoin) use within approximately the past 6–12 months (timing per provider / medical-director protocol)
- Blood-thinning medications or supplements (may increase bruising or bleeding from micro-nicks — I will disclose these)
- Recent facial injectables, laser, chemical peels, or other energy/resurfacing treatments until cleared by the treating RN / provider
- Pregnancy (I will disclose; treatment is at RN / provider discretion)
- Uncontrolled diabetes or known healing disorders
- History of keloid or hypertrophic scarring (caution; disclose)
- Known allergy or sensitivity to topical products used before, during, or after treatment (cleanser, moisturizer, sunscreen, or other products)

Risks / Side Effects

I understand that Dermaplaning involves use of a sterile surgical blade on the skin and carries risks and side effects, which may include (this list is not exhaustive):

Photography

I consent to clinical photographs being taken before, during, and/or after treatment for my medical record and treatment documentation.

Separately, I choose to allow Beautox Bar to use my photographs for marketing, education, or promotional purposes (website, social media, print, or similar). Clinical documentation photos may still be taken even if I decline marketing use. Please initial one option:

I authorize anonymous / de-identified marketing, education, and promotional use of my treatment photographs.

Financial Responsibility

I understand that fees for this treatment are due in accordance with Beautox Bar policies as explained to me. Fees are generally non-refundable once treatment has been provided. Package or series pricing, if applicable, has been or will be explained before treatment begins.

Release

To the fullest extent permitted under Minnesota law, I release and hold harmless Beautox Bar LLC, Beautox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed this treatment as described in this consent. This release does not apply where prohibited by law, or to claims resulting from gross negligence, reckless conduct, or intentional misconduct.

- Temporary redness, flushing, or sensitivity
- Dryness, tightness, or flaking
- Micro-nicks, superficial cuts, or minor bleeding
- Irritation, stinging, or burning sensation
- Breakout or acne flare after treatment
- Rare infection
- Pigment change (darkening or lightening), with greater caution needed for darker skin tones / higher Fitzpatrick types
- Uneven exfoliation or temporary uneven texture
- Allergic or irritant reaction to products applied before, during, or after treatment

I agree to contact Beautox Bar promptly if I have unexpected, severe, or concerning problems after Dermaplaning. Individual reactions vary.

Pre-Care Instructions

Unless the treating Registered Nurse (RN) advises otherwise, I agree to the following before Dermaplaning:

- Avoid retinoids, AHAs, BHAs, and other exfoliating or irritating products for approximately three (3) days before treatment (unless the RN advises otherwise)
- Avoid waxing, threading, and laser hair removal in the treatment area recently (disclose timing so the RN can determine whether treatment is appropriate)
- Arrive with clean skin (minimal makeup preferred; the RN will cleanse as part of care)
- Disclose all medications, supplements, allergies, recent facial treatments, and skin conditions listed under Contraindications

Aftercare Instructions

I agree to follow aftercare instructions given by the treating Registered Nurse (RN), which typically include:

- Use a gentle cleanser and moisturizer as directed
- Apply broad-spectrum SPF daily and reapply as advised; avoid intentional sun exposure and tanning (including tanning beds) while skin is recovering
- Avoid retinoids, AHAs, BHAs, and other exfoliants for approximately three to seven (3–7) days, or as the RN advises
- Avoid waxing, harsh scrubs, and aggressive treatments in the area until cleared by the RN / provider
- Do not pick, scratch, or peel at the skin
- Contact Beautox Bar with questions or concerning symptoms

Alternatives

Photography

I consent to clinical photographs being taken before, during, and/or after treatment for my medical record and treatment documentation.

Separately, I choose to allow Beutox Bar to use my photographs for marketing, education, or promotional purposes (website, social media, print, or similar). Clinical documentation photos may still be taken even if I decline marketing use. Please initial one option:

I authorize anonymous / de-identified marketing, education, and promotional use of my treatment photographs.

Financial Responsibility

I understand that fees for this treatment are due in accordance with Beutox Bar policies as explained to me. Fees are generally non-refundable once treatment has been provided. Package or series pricing, if applicable, has been or will be explained before treatment begins.

Release

To the fullest extent permitted under Minnesota law, I release and hold harmless Beutox Bar LLC, Beutox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed this treatment as described in this consent. This release does not apply where prohibited by law, or to claims resulting from gross negligence, reckless conduct, or intentional misconduct.

Alternatives include declining Dermaplaning; other forms of exfoliation (for example manual or device-based options discussed with the Clinic); chemical peels when clinically appropriate; leave-on skincare only; or referral to another clinician. I have had the opportunity to ask about alternatives, including declining treatment.

No Guarantee of Results

I understand that results from Dermaplaning are not guaranteed. The degree of improvement in texture, appearance of vellus hair, product absorption, or makeup application, if any, varies by person. No particular cosmetic outcome is promised. A series of treatments and recommended skincare may be advised; results still are not guaranteed.

Financial Responsibility

I understand that Dermaplaning is an elective aesthetic service. I am responsible for payment of fees according to Beutox Bar policies explained to me. These treatments are generally not covered by health insurance. Fees are generally non-refundable once services have been provided, and dissatisfaction with results alone does not create a right to a refund.

Assumption of Risk and Softened Release

I voluntarily assume the known risks and expected side effects of Dermaplaning that have been explained to me. To the fullest extent permitted under Minnesota law, I release and hold harmless Beutox Bar LLC, Beutox Bar WBL LLC, their medical director(s), Registered Nurses (RNs), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed Dermaplaning as described in this consent—EXCEPT that this release does not apply to claims based on gross negligence, willful or wanton misconduct, or intentional misconduct, or to claims that cannot be waived under Minnesota law (including Minn. Stat. § 604.055 regarding greater-than-ordinary negligence). This is not an absolute waiver of all liability.

Clinical Photography

I understand that clinical photographs and/or videos will be taken for my medical record to document the treatment area and monitor my progress. These records are part of my confidential medical file and will not be released without my express written consent, except as required by law.

I further authorize Beutox Bar and its representatives to use these photographs and/or videos (which will not identify me by name) for educational, marketing, and promotional purposes, including but not limited to the clinic's website, social media, and printed materials. I understand I will not receive compensation for the use of these images.

☐ I AUTHORIZE the use of my photographs/videos for marketing purposes.

☐ I DECLINE the use of my photographs/videos for marketing purposes.

Photography

I consent to clinical photographs being taken before, during, and/or after treatment for my medical record and treatment documentation.

Separately, I choose to allow Beutox Bar to use my photographs for marketing, education, or promotional purposes (website, social media, print, or similar). Clinical documentation photos may still be taken even if I decline marketing use. Please initial one option:

I authorize anonymous / de-identified marketing, education, and promotional use of my treatment photographs.

Financial Responsibility

I understand that fees for this treatment are due in accordance with Beutox Bar policies as explained to me. Fees are generally non-refundable once treatment has been provided. Package or series pricing, if applicable, has been or will be explained before treatment begins.

Release

To the fullest extent permitted under Minnesota law, I release and hold harmless Beutox Bar LLC, Beutox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed this treatment as described in this consent. This release does not apply where prohibited by law, or to claims resulting from gross negligence, reckless conduct, or intentional misconduct.

Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By signing this form, I confirm that I have received understandable information about Dermaplaning performed by a Registered Nurse (RN), alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Client Acknowledgements

By signing this consent, I state and confirm that:

- I understand that Dermaplaning at Beutox Bar is performed ONLY by a Registered Nurse (RN) licensed in Minnesota (or holding appropriate MN practice authority), and not by an esthetician or other non-RN staff for this procedure.
- I do not have any of the contraindications listed above, or I have disclosed them and the treating RN / provider has determined that treatment may still proceed with appropriate modifications or precautions.
- I understand there is no guarantee of the degree of improvement, if any, and that Dermaplaning is not permanent hair removal and does not permanently change hair thickness or coarseness.
- I agree to follow pre-care and aftercare instructions provided by Beutox Bar and the treating RN.
- I have read and understand this consent form (or had it read to me).
- I have received the Minnesota informed consent information above; my questions have been answered to my satisfaction.
- I consent voluntarily to Dermaplaning by a Registered Nurse (RN) and to subsequent related Dermaplaning treatments under this consent for three hundred sixty-five (365) days from the date of my signature, unless I revoke consent sooner. I may stop treatment at any time.

Acknowledgment and Consent

I consent to Dermaplaning as described in this form by Beutox Bar LLC and/or Beutox Bar WBL LLC, performed only by a Registered Nurse (RN) licensed in Minnesota (or holding appropriate MN practice authority). I have read the information above (or had it read to me) and am satisfied with the informed consent process. I hereby give consent to perform this and subsequent related Dermaplaning treatments under this consent for 365 days from the date below, unless I revoke it. I understand I may ask questions at any time and may withdraw consent for future treatments.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Photography

I consent to clinical photographs being taken before, during, and/or after treatment for my medical record and treatment documentation.

Separately, I choose to allow Beutox Bar to use my photographs for marketing, education, or promotional purposes (website, social media, print, or similar). Clinical documentation photos may still be taken even if I decline marketing use. Please initial one option:

I authorize anonymous / de-identified marketing, education, and promotional use of my treatment photographs.

Financial Responsibility

I understand that fees for this treatment are due in accordance with Beutox Bar policies as explained to me. Fees are generally non-refundable once treatment has been provided. Package or series pricing, if applicable, has been or will be explained before treatment begins.

Release

To the fullest extent permitted under Minnesota law, I release and hold harmless Beutox Bar LLC, Beutox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed this treatment as described in this consent. This release does not apply where prohibited by law, or to claims resulting from gross negligence, reckless conduct, or intentional misconduct.

Clinic Team Member (RN) Name (print): _____

Clinic Team Member (RN) Signature: _____ **Date:** _____

This consent applies to services provided by Beutox Bar LLC — 7372 Kirkwood Court N, Maple Grove, MN 55369 and Beutox Bar WBL LLC — 4503 Allendale Drive, White Bear Lake, MN 55127. Phone: 763-205-6952 • www.beutoxbar.com • Form date context: September 27, 2026 (client date fields left blank for completion at signing). Practice form for attorney / medical-director review — not legal advice. Dermaplaning at Beutox Bar is performed only by a Registered Nurse (RN). Accutane® is a trademark of its respective owner.