



DERMAPLANING MANUAL

DERMAPLANING OVERVIEW

Within this Training Manual you will learn all of the techniques necessary to complete Dermaplaning treatments. This manual covers safety, environment, legislation, practitioner guidance, client care, theory and practical knowledge.

DERMAPLANING MANUAL CONTENTS

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IDEAL CLINIC SET UP

- Wipeable Flooring
- Sink
- Hand Sanitiser
- Paper Towels
- Clinical Waste Contract
- Insurance
- Bed
- Light
- Stool
- Trolley's
- Sharps Bins
- Clinical Waste Bins
- Disinfectants
- Tools
- Couch Roll
- Gloves & PPE
- Air Conditioning or Ventilation
- Stress Balls

Clinical waste, also known as healthcare or medical waste, is any waste generated during healthcare activities that may pose a risk of infection or other harm. This includes items contaminated with blood, bodily fluids, or other potentially infectious substances, as well as sharps like needles and syringes.

INFECTIOUS WASTE:

This includes items contaminated with blood, bodily fluids, and other potentially infectious substances. Examples include dressings, swabs, and personal protective equipment (PPE) that have been in contact with infectious materials or patients.

SHARPS:

This includes items that can puncture or cut, such as needles, syringes, scalpels, and lancets.

ANATOMICAL WASTE:

This includes human or animal tissues and body parts.

PHARMACEUTICAL WASTE:

This includes expired medications, medications in excess, and empty containers.

CONTAMINATED EQUIPMENT:

This includes items like bedpans, liners, stoma bags, and urine containers that have been contaminated.

Clinical waste needs to be handled and disposed of carefully to prevent the spread of infection and ensure safety, often requiring specialised disposal methods like incineration or autoclaving.



- 1 Set up a clinical waste contract with a local supplier
- 2 Organise regular clinical waste collections - monthly, weekly or adhoc
- 3 Ensure to use correct coloured sharps bins (aka Purple for Cytotoxic Waste - Botox)
- 4 Purchase sharps bins, clinical waste bins and clinical waste bags from supplier
- 5 Ensure to have a smooth clinical waste system throughout your clinic

Consultation forms are important because they ensure informed consent, gather essential client information, and help professionals understand client needs and preferences before a treatment. They also provide a record of discussions, agreed-upon treatments, and any allergies or conditions, acting as a paper trail for potential issues. Additionally, they can help with aftercare instructions and demonstrate a professional approach to treatment.

WHY MUST WE ENSURE THESE ARE DOCUMENTED?

INFORMED CONSENT AND LEGAL PROTECTION:

Consultation forms ensure clients understand the treatment, including risks, benefits, and aftercare instructions, demonstrating informed consent. They can act as a legal record, protecting professionals from potential disputes or misunderstandings.

GATHERING CLIENT INFORMATION:

- Forms allow professionals to collect crucial information like allergies, medical conditions, and previous treatments, helping them tailor the treatment plan.
- They enable professionals to understand client goals, expectations, and desired outcomes, ensuring a better experience.

BUILDING RAPPORT AND TRUST:

- Consultations provide an opportunity for professionals to establish a relationship with clients, fostering trust and understanding.
- Open communication and personalised attention, documented in the form, can lead to greater client satisfaction and loyalty.

STREAMLINING THE PROCESS:

- Forms can save time during the appointment by gathering information beforehand and streamlining the discussion.
- They can be accessed quickly, allowing for efficient review of client history and treatment plans.

WHO WE RECOMMEND?

We use Faces Consent App, however any reputable consent company will be sufficient.



Scan the QR code to sign up to Faces Consent
www.facesconsent.com

CONTRAINDICATIONS

A contraindication in medicine is a factor that makes a particular treatment or procedure inadvisable for a specific individual because it could cause harm or be ineffective. It's essentially a reason not to use a certain treatment due to potential risks or adverse reactions.

WE ADVISE NOT TO GO AHEAD WITH THE TREATMENT OR TO OBTAIN A DOCTORS NOTE FOR ANY OF THE BELOW CONDITIONS:

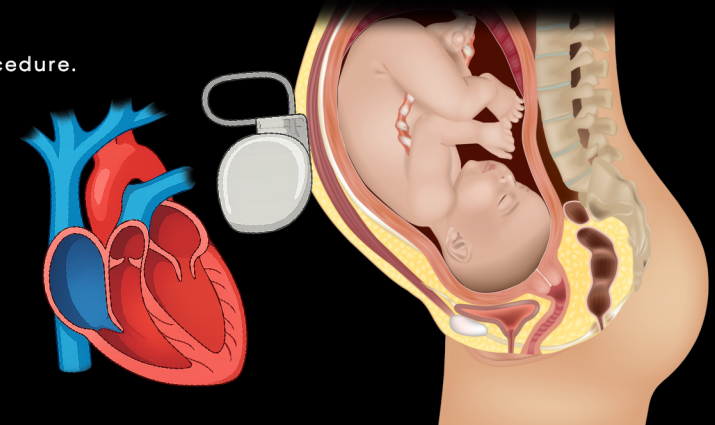
- Use of topical steroids such as Accutane or Retina-A.
- Uncontrolled diabetes.
- Blood disorders such as haemophilia, sickle cell anaemia, a platelet disorder.
- History of keloid or hypertrophic scarring, or prone to post-inflammatory hyperpigmentation.
- Recent surgery or scarring on the area – it is advised to wait at least 6 months before working over scar tissue.
- AIDS, HIV, Hepatitis or any autoimmune disorder.
- Undergoing treatment for any form of Cancer (please refer patient to their consultant and obtain written permission before proceeding with treatment).
- Certain medications such as antibiotics may result in poor healing.
- Skin conditions (e.g. psoriasis, eczema, rosacea, dermatitis, milia, broken capillaries/veins, raised/vascular lesions) within the application area.
- Active acne if inflamed skin, pustules, or papules at the time of treatment – wait until inflammation has subsided.
- Skin infections including any bacterial, viral, fungal, or herpetic infection such as herpes simplex or flat warts.
- Wounded, sunburned, excessively sensitive skin.
- Excessively oily skin.
- Clients with excessive thick, dark facial hair or hirsutism sufferers with hormonal imbalance conditions.
- Aesthetic treatments (Chemical peels, Botox, Fillers etc) 2 weeks prior to treatment.
- Allergies to ingredients in products.
- Unrealistic expectations or uncooperative patient (patient is careless about sun exposure or following aftercare advice).

CONTRA-ACTION

A contra-action refers to an undesirable or adverse reaction that can occur during or after a treatment or procedure.

- ALLERGIC REACTIONS:** → Redness, swelling, or irritation.
- SKIN IRRITATION:** → Any form of irritation or discomfort.
- SENSITISATION:** → An increased sensitivity to a product or treatment.
- PAIN OR DISCOMFORT:** → Physical pain or discomfort during or after the treatment.
- HEIGHTENED EMOTIONAL STATE:** → Emotional release during or after a treatment.
- MUSCULAR ACHE AND/OR HEADACHES:** → These can occur after deep work during treatment.
- FREQUENT URINATION:** → This can occur due to stimulation of the lymphatic system.

Should your client experience any of these, we would recommend seeking medical advice.



FIRST AID

WE HIGHLY ADVISE ENSURING YOU ARE FIRST AID AND ANAPHYLAXIS TRAINED.

First aid training is important because it empowers individuals to confidently respond to emergencies, potentially saving lives, preventing injuries from worsening, and promoting recovery. It also boosts confidence, increases awareness of risks, and encourages teamwork, both in personal and professional settings.



Anaphylaxis training is crucial because anaphylaxis is a severe, life-threatening allergic reaction that can develop rapidly.

Training equips individuals with the knowledge and skills to recognise the signs and symptoms of anaphylaxis, understand the appropriate treatment (including adrenaline auto-injectors), and deliver first aid until professional help arrives. This knowledge is vital for protecting individuals with allergies and ensuring workplace safety.

HERE'S WHY IT'S SO IMPORTANT:

RAPID ONSET:

Anaphylaxis can develop quickly, often within minutes of exposure to an allergen. Prompt recognition and treatment are essential to prevent serious complications or death.

LIFE-THREATENING NATURE:

Anaphylaxis can cause airway obstruction, breathing difficulties, and circulatory collapse, making it a life-threatening emergency.

IMPORTANCE OF RECOGNITION:

Recognising the signs and symptoms of anaphylaxis (such as difficulty breathing, throat swelling, dizziness, and skin reactions) is the first critical step in providing timely treatment.

ADRENALINE AUTO-INJECTOR (AAI) USE:

Training includes learning how to correctly use an AAI (like an EpiPen) to administer adrenaline, which is the primary treatment for anaphylaxis.

CPR AND AED:

Some anaphylaxis training courses also cover basic life support (CPR) and the use of an Automated External Defibrillator (AED), which may be needed if the individual loses consciousness.

Ensure to have a First Aid kit and Bodily Fluids spill kit accessible within your work space.

ABOUT DERMAPLANING

- Dermaplaning is a non-invasive manual exfoliation treatment using a carefully angled sterile surgical 10 gauge scalpel.
- It gently removes the top layer of dead skin cells, fine vellus hair (also known as peach fuzz), excess oil and other debris from the surface of the skin.
- This technique aims to provide a smoother and more radiant complexion.

WHAT CAN BE TREATED WITH DERMAPLANING

- Dull skin
- Fine lines and wrinkles
- Shallow acne scars
- Uneven skin tone
- Hyperpigmentation
- Rough or dry skin
- Fine facial hair

BENEFITS FOR CLIENT:

- Immediate results: smoother, softer and brighter skin
- A chemical-free form of exfoliation
- Painless and with little to no downtime
- Allows for easier product penetration and make-up application
- Allows better definition of hair lines, brows and sideburns.
- Promotes cellular renewal

BENEFITS FOR PRACTITIONER:

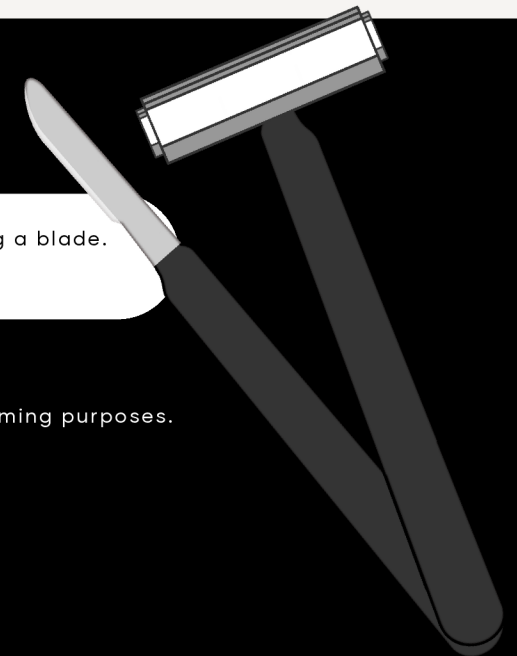
- Safe procedure for most skin types including pregnant/breastfeeding clients (but check with your insurance provider)
- Quick to perform (20-30mins)
- No skin prep is required leading up to the day of the treatment
- Regular bookings (repeat appointments recommended every 3-6 weeks)
- Cost effective procedure

DERMAPLANING VS SHAVING

Dermaplaning is often compared to shaving because both procedures involve the removal of hair from the skin's surface using a blade.

HOWEVER, THERE ARE SIGNIFICANT DIFFERENCES BETWEEN THE TWO.

- Dermaplaning delivers exfoliation along with hair removal.
- Dermaplaning is performed for skincare benefits, while shaving aims to remove terminal hair (thicker, coarser hair) for grooming purposes.
- Utilises a single-use, disposable blade rather than a razor which usually has 2-6 stacked blades.
- Dermaplaning is considered more aggressive than shaving because it lacks a protective shield on the blade.
- Shaving can be done at home, while dermaplaning is an in-salon treatment.
- Dermaplaning is for fine vellus hair and unsuitable for areas with excessive terminal hair, such as beards.
- Shaving can be done daily, dermaplaning should be done no more frequently than every 3-6 weeks.



OVERVIEW OF THE SKIN

The skin is the body's largest organ, serving as the first line of defence against environmental damage, pathogens, and dehydration. Understanding its structure and function is essential for performing safe and effective dermaplaning treatments.

THE SKIN HAS THREE MAIN LAYERS, EACH WITH DISTINCT ROLES:

1 EPIDERMIS

- Outermost layer of the skin.
- Provides a protective barrier and is responsible for skin renewal through cellular turnover.

COMPOSED PRIMARILY OF KERATINOCYTES, ARRANGED IN SEVERAL SUB-LAYERS:

- STRATUM CORNEUM** → Outermost layer of dead cells (corneocytes) that protect against pathogens and moisture loss.
- STRATUM LUCIDUM** → Found only in thick skin (palms, soles).
- STRATUM GRANULOSUM** → Cells begin keratinization (hardening process).
- STRATUM SPINOSUM** → Provides strength and flexibility.
- STRATUM BASALE (GERMINATIVUM)** → Deepest layer where new cells are produced.

- Melanocytes within the basal layer produce melanin, which determines skin colour and provides UV protection.

2 DERMIS

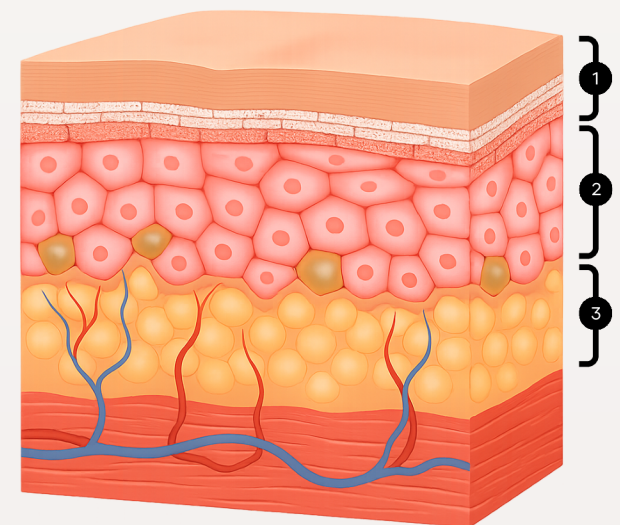
- Lies beneath the epidermis and is composed of connective tissue.
- Provides strength, elasticity, and nourishment to the skin.

CONTAINS

- COLLAGEN AND ELASTIN FIBERS** → Responsible for firmness and elasticity.
- BLOOD VESSELS** → Deliver oxygen and nutrients, assist in thermoregulation.
- NERVE ENDINGS** → Allow sensations such as touch, temperature, and pain.
- SEBACEOUS AND SWEAT GLANDS** → Regulate moisture and temperature.
- HAIR FOLLICLES** → Anchor hair and play a role in oil distribution.

3 SUBCUTANEOUS LAYER (HYPODERMIS)

- Made up of fat cells (adipose tissue) and connective tissue.
- Acts as insulation and cushioning, protecting underlying organs and bones.
- Provides a reserve of energy and helps anchor the skin to deeper structures.



AGING SKIN

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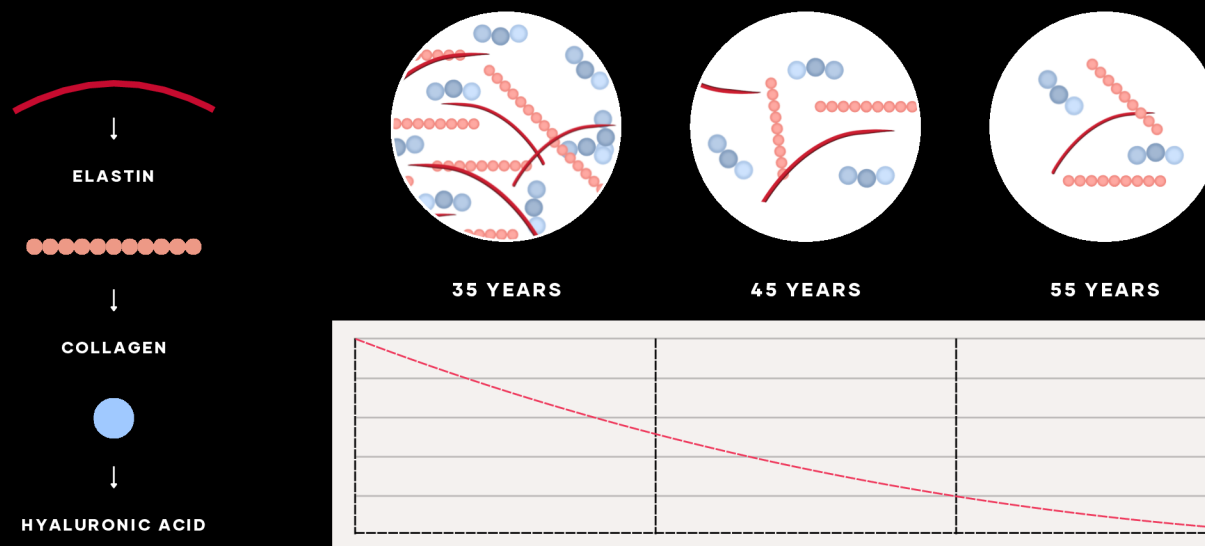
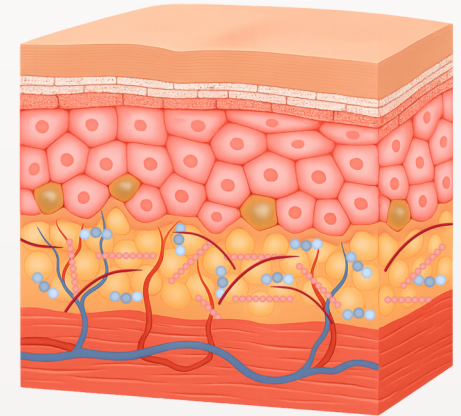
Skin changes significantly as we age. This is why protection of skin is imperative, to ensure we prolong & protect the barriers to aid in prevention of damaged or aging skin. The Skin matrix is what would remain if you took the dermis and removed all cells from it.

The skin matrix is responsible for structural integrity, mechanical resilience, stability and many other properties of the skin. The degradation of the skin matrix plays an important role in the development of wrinkles and other signs of skin ageing.

The best known components of the skin matrix are structural proteins (collagen and elastin), which are vital to skin health and youthfulness. Just like steel beams are necessary but insufficient for building a skyscraper, structural proteins (collagen and elastin) are necessary but insufficient for a healthy skin matrix.

In addition to the framework of structural proteins, the skin matrix also needs appropriate fillers, which provide mechanical cushioning, hold moisture, enhance barrier function, and so forth.

The principal skin matrix fillers are glycans. As far as skin rejuvenation is concerned, the most important glycan is hyaluronic acid (a.k.a. hyaluronan, hyaluronate or HA).



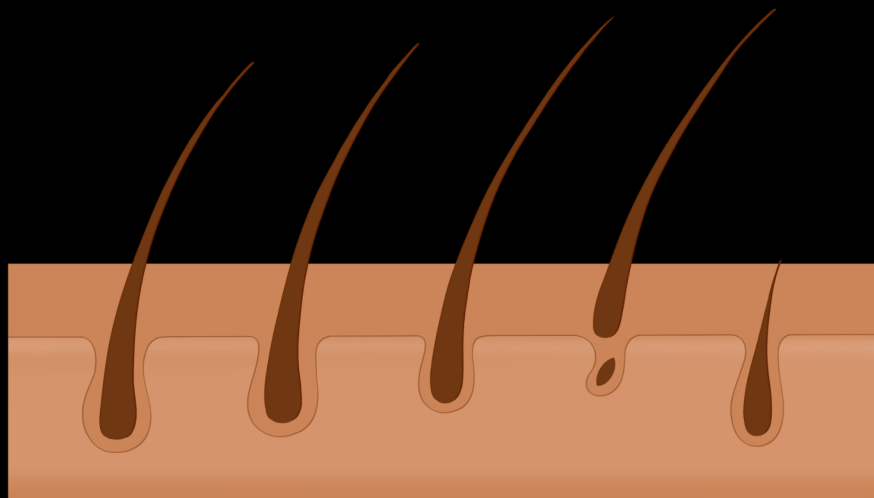
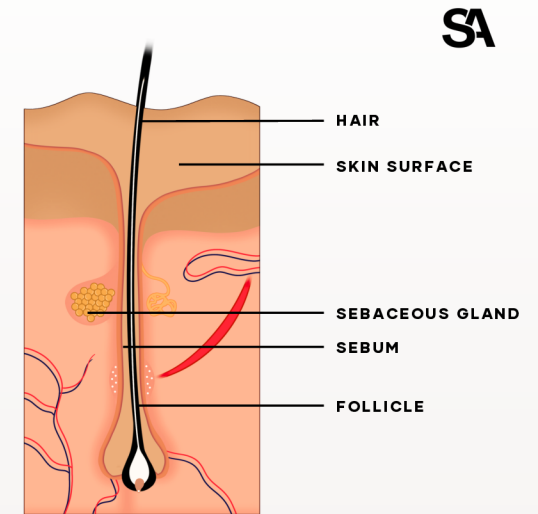
TYPES OF HAIR & GROWTH PHASES

VELLUS HAIR

Commonly referred to as “peach fuzz”, vellus hair is short, fine, and colourless. It covers most parts of the body, including the face, arms, legs, and stomach. Its primary functions are to regulate body temperature and protect the skin. Vellus hair follicles are smaller and lack adjacent sebaceous glands. Additionally, vellus hair has a shorter growth phase (anagen phase) compared to terminal hair.

TERMINAL HAIR

Terminal hair is coarse, thick, and darker than vellus hair. It is longer and more fully developed, primarily found on the scalp. However, after puberty, terminal hair also grows on the face, armpits, pubic area, chest, abdomen, arms, legs, and back. This type of hair includes the hair on the head, as well as eyelashes, eyebrows, and beard. Terminal hair has a well developed follicle and adjacent sebaceous glands.



ANAGEN

CATAGEN

TELOGEN

RETURN
TO ANAGEN

EARLY
ANAGEN

ALL TYPES OF HAIR UNDERGO THREE PHASES OF GROWTH:

ANAGEN PHASE

The active growth phase where the hair lengthens.

CATAGEN PHASE

A transitional phase where the hair follicle contracts, limiting blood supply, making the hair more prone to falling out.

TELOGEN PHASE

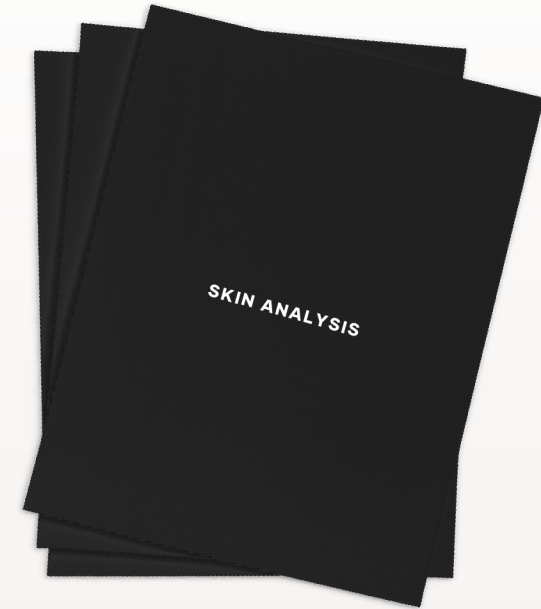
The resting phase during which the hair does not grow.

SKIN ANALYSIS AND PRE-TREATMENT CONSIDERATIONS

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SKIN ANALYSIS

- Discuss patient medical history to ensure no contraindications and highlight any precautions.
- Assess patient's skin and any skin concerns.
- Does client have any tattoos? Or semi-permanent make-up? Any moles?
- Discuss realistic expectations and that maintenance sessions will be required every 3-6 weeks.
- Explain possible reactions to treatment.
- Explain aftercare.
- Discuss consent.
- Ensure working area is well lit and ask client to remain still throughout treatment.
- Wash hands prior to putting on gloves and wear correct PPE.
- Prepare equipment required.



PRE-CAUTIONS

ABLATIVE DERMAL PROCEDURES

→ Wait until skin has healed.

ACTIVE ACNE

→ Wait until inflammation has subsided.

BOTOX, DERMAL FILLERS

→ Wait 2 weeks or until skin is fully healed before dermaplane treatment.

HERPES SIMPLEX

→ A prophylactic course of oral acyclovir (200mg) recommend (2 days prior to treatment and 5 days after).

RETINOID (TOPICAL RX, VIT A)

→ Stop using 1 week prior & ensure no sensitivity before the dermaplane treatment. Ensure UV protection.

ORAL RETINOIDS (ROACCUTANE)

→ Use within 6 months prior to treatment.

ANY RAISED MOLES, WARTS, CUTS OR ABRASIONS

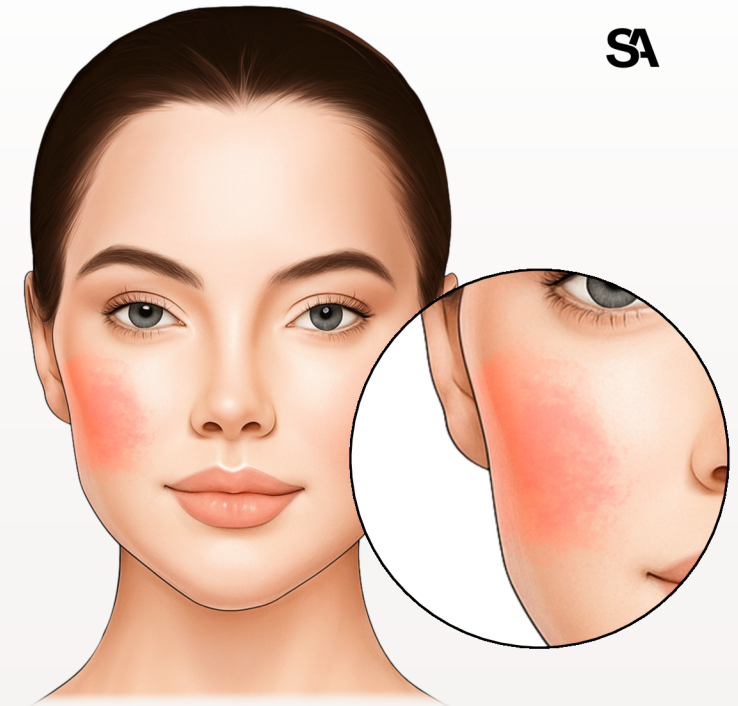
→ Should be avoided.

A THOROUGH MEDICAL AND DRUG HISTORY IS VERY IMPORTANT

→ Certain drugs including antibiotics and certain oral contraceptives may be photosensitising and predispose patient to pigmentation complications after a treatment.

POSSIBLE REACTIONS

- Reactions from treatment include: skin redness and flushing, dryness, tightness, light peeling, irritation, increased sensitivity, scrapes, nicks or abrasions, post treatment breakouts, folliculitis, allergic reaction to products.
- Effects will usually resolve within hours and most people are able to return to their normal activities the same or next day.
- Some people may react differently and may experience these reactions for longer. However, these reactions are temporary and typically resolve within 3-4 days as the skin returns to normal.
- Although rare, there is a small risk of pigment changes. Failure to use sunscreen daily can increase this risk.
- Many clients are often concerned that the hair will grow back thicker, darker, or faster after dermaplaning. However, this is not supported by scientific evidence. When hair is cut, it may feel stubbly or blunt as it grows back, giving the illusion of being thicker. However, the actual structure, colour, and growth rate of the hair remain unchanged.



PINPOINT BLEEDING

It is unusual to get pinpoint bleeding unless the skin is accidentally nicked. If it does occur, it is usually only a spot or two or confined to a small area. As dermaplaning is superficial, any pinpoint bleeding is minimal so would only appear as tiny surface spots which should coagulate almost immediately. Once the treatment has been completed, use gauze/swab to wipe these areas with Globasept Wound Solution (or other antiseptic) to clean. Dispose of the swab in the yellow bag (due to the potential risk of blood borne pathogens). Then continue the treatment as per the protocol.

TREATMENT FREQUENCY

- Treatments can be done every 3 to 6 weeks as per the skin's natural cycle.
- Dermaplaning exfoliates 2-4 weeks of dead cells so any sooner than 3 weeks will cause the skin to over compensate.
This may result on dry and flaky skin post treatment. In this case, you will need to increase the time between treatments to allow the skin to recover.

RECOMMENDED BETWEEN SESSIONS

- Daily application of a gentle skincare such as CLINICCARE is highly recommended following the procedure for the acceleration of regenerative processes and consolidation of procedure results.
- Use daily sunscreen protection with a minimum of 30SPF.

PRE TREATMENT ADVICE

- A thorough medical history consultation and skin analysis should be carried out prior to treatment to determine any contraindications.
- Discuss medical history and dermaplane contraindications, assess client's skin and determine Fitzpatrick skin type.
- A thorough medical and cosmetic/aesthetic history evaluation is necessary prior to any decision making on a potential procedure and to determine any contraindications. This is followed by a thorough skin assessment (skin quality and any issues, Fitzpatrick skin type analysis, if the patient has any piercings or semi-permanent make-up etc).
- Inform the client of risks, side-effects and possible complications and the importance of following all the aftercare instructions to minimise the risk of side effects.
- Clients' expectation management is an important part to avoid any misunderstandings.
- Maintenance treatment sessions will be required and should be scheduled 3-6 weeks apart.
- Review the client's medical history. In the case of a possible virus, cold or influenza, within the last 7 days, treatment should be delayed. The patient must be in good health at the time of treatment.
- If client has had recent ablative dermal procedures or aesthetic treatments such as Botox or Dermal Fillers, wait until skin is fully healed (minimum 2 weeks for filler and Botox).
- Clients at risk of cold sores are advised to take prophylactic Acyclovir tablets (3 days prior to treatment and 5 days after) if treating area around the lips.
- Cover any warts or moles and ensure any piercings in the treatment area are removed.

POST TREATMENT ADVICE

- The skin may experience minor peeling or flaking but refrain from touching or picking the skin as this may compromise results.
- The skin can be cleansed with a gentle cleanser with warm / tepid water but the use of soap should be avoided until the skin normalises. Do not scrub. Pat to dry only.
- Avoid the use of benzoyl peroxide or glycolic acid facial skin products during the healing process.
- Avoid facial products containing fragrance for 5-7 days after treatment as these may irritate the skin.
- Avoid the use of exfoliants, further peeling agents, retinoids, retinols and vitamin A products for 7 days after treatment.
- Refrain from saunas, sunbed, steam baths and hot showers for 24 hours.
- Avoid high impact aerobic exercise or vigorous physical activity for 24 hours after treatment.
- Avoid intensive sun exposure, tanning booths or extreme weather conditions for a minimum of 2 weeks post treatment.
- Use daily sunscreen protection with a minimum of 30SPF for at least 2 weeks after treatment.
- Avoid electrolysis, depilatory creams, waxing and laser hair removal for a minimum of 7 days after treatment.
- Avoid strong chlorinated water (swimming or cleaning) for approximately 7 days.
- Use of an intensive moisturiser is advised for at least a week as skin may feel drier or tighter after treatment.
- Minimal make-up can be applied once skin has settled.



THE DERMAPLANING TREATMENT STEP-BY-STEP

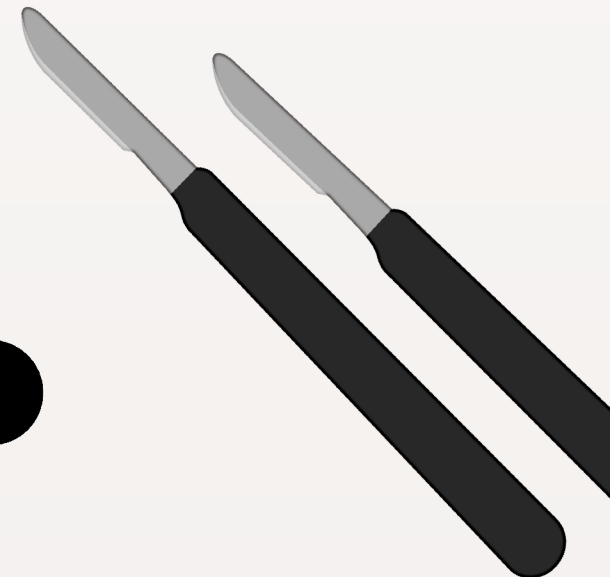
- 1 Clean the skin thoroughly using CLINICCARE Concentrated Cleansing Foam. Mix a small amount of Concentrated Cleansing Foam with water and make a light foam. Massage the skin and remove with lukewarm water and pat dry. (Alternative use CLINICCARE Cleansing Lotion).
- 2 Disinfect and degrease the treated area with Vitaspet H and let it dry - this disinfects the skin and ensures the skin is dry, oil and product free to allow the blade to glide over the skin.
- 3 Prepare the scalpel using a 10-gauge blade in the handle. You may wish to keep extra blades nearby in by case the one you are using starts to dull.
- 4 Remind client to remain still throughout the treatment.
- 5 Holding the blade at a 45-degree angle to the skin and ensuring the skin is pulled taught at all times, start scraping off the surface of the epidermis using light, precise movements in the opposite direction of hair growth.
- 6 Treat one side of the face first, then the other. Be aware of facial contours and the nose when working so as not to 'nip' the skin. Do not work over active spots or acne and avoid moles and raised blemishes.
- 7 Keep the blade in contact with the skin during the treatment unless moving to a new area. Do not overwork an area.

OPTIONAL → Apply a layer of CLINICCARE 2-in-1 Moisturizing Lotion to use as a glider when dermaplaning.

- 8 Gently remove any remaining debris on the skin and ensuring the skin is completely dry apply 1 full pump of CLINICCARE Instant Painless Peel. Rub in circular movements for 1-2 minutes.
- 9 Remove any residue using CLINICCARE Skin Toner.

OPTIONAL → If skin is not compromised (i.e. no cuts, grazes or scrapes). Apply 1 - 2 layers of CLINICCARE AHA + EGF Skin Booster and massage in for 1-2 minutes. Remove any residue using CLINICCARE Skin Toner.

- 10 Apply a calming CLINICCARE EGF Pure Mask for about 20 minutes. Massage in the rest of the mask.
- 11 Apply CLINICCARE Sun Shield Cream SPF30 or Dermo Corrective Cream SPF50.
- 12 Following the procedure, discard the equipment in a suitable yellow bag/sharps bin as required. Blades must be disposed of as soon as you have finished your treatment in a sharps bin - ideally with a blade remover. Any contaminated waste should be disposed of in a clinical waste bag and disposed of with a specialist waste company.
- 13 Blade handles should be disinfected after every treatment. Wash in hot soapy water, dry, then wipe over with a disinfectant wipe such as Vitaspet Wipes.



PRODUCTS NEEDED

- Hair nets/hair bands
- Gauze
- Gloves
- Sterile dressing pack
- CLINICCARE Cleansing Foam or Cleansing Lotion
- CLINICCARE Instant Painless Peel
- CLINICCARE Skin Toner
- Vitasept H Antiseptic Spray
- Sterile single - use 10R surgical blade and blade handle
- Surgical Blade Remover Unit
- CLINICCARE AHA+EGF Skin Booster (Optional)
- CLINICCARE EGF Mask
- CLINICCARE Sun Shield SPF30 / Dermo Corrective Cream SPF50



CLINICCARE have created a home daily beauty plan recommended for your client, post treatment, to optimise and maintain skin health until their next visit. There are three ranges targeted to specific skin concerns:

- GLOW RANGE** → For hyperpigmentation, age spots and dull tired skin.
- PURE RANGE** → For sensitive, irritated or inflamed skin (e.g. acne-like conditions).
- REFRESH/TIGHT RANGE** → For fine lines, wrinkles, firmness and moisture.

YOUNGER SKIN (NORMAL TO OILY)

MORNING AND EVENING

- Cleanse the face, neck and lower neck using Concentrated Cleansing Foam
- Optional - Use X3M Glow Booster on the face or specific areas of pigmentation if needed
- Tone skin by spraying the face with suitable X3M EGF Liquid Moisturizer
- Apply Lip & Eye Renewal Cream to the eye and lip area
- Follow with suitable X3M EGF Essence to face and neck
- Finish with Sun Shield Cream SPF30 or Dermo Corrective Cream SPF50 (morning only)

YOUNGER SKIN (NORMAL TO DRY)

MORNING AND EVENING

- Cleanse the face, neck and lower neck using Concentrated Cleansing Foam
- Optional - Use X3M Glow Booster on the face or specific areas of pigmentation if needed
- Tone skin by spraying the face with suitable X3M EGF Liquid Moisturizer
- Apply Lip & Eye Renewal Cream to the eye and lip area
- Follow with suitable X3M EGF Serum to face and neck
- Finish with Sun Shield Cream SPF30 or Dermo Corrective Cream SPF50 (morning only)

EVENING

- Cleanse the face, neck and lower neck using Concentrated Cleansing Foam or Cleansing Lotion
- Optional - Use X3M Glow Booster on the face or specific areas of pigmentation if needed
- Tone skin by spraying the face with suitable X3M EGF Liquid Moisturizer
- Apply Lip & Eye Renewal Cream to the eye and lip area
- Layer suitable X3M EGF Essence to face and on top of that
- Follow with suitable X3M EGF Serum, or Premium Time Reverse Cream, or Retinol Renewal Cream to face and neck





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